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ENVIRONMENTAL SYSTEMS DIVISION

IN ASSOCIATION WITH:
TETRA TECH
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KELLOGG CORPORATION
GEO/RESOURCE CONSULTANTS
BATTELLE PACIFIC NORTHWEST LABORATORIES
DEVELOPMENT PLANNING AND RESEARCH ASSOCIATES

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RCRA COMPLIANCE EVALUATION INSPECTION

Eagle Signal Industrial Controls
Davenport, Iowa 52803

RCRA COMPLIANCE EVALUATION INSPECTION

PREPARED FOR

U. S. ENVIRONMENTAL PROTECTION AGENCY, REGION VII

TOXIC AND WASTE MANAGEMENT DIVISION

COMPLIANCE AND RESPONSE BRANCH

RCRA COMPLIANCE EVALUATION INSPECTION

FACILITY DESCRIPTION

Facility:	Eagle Signal Industrial Controls 736 Federal Street Davenport, Iowa 52803
EPA Identification Number:	IAD051001337
Date of Inspection:	5 July 1988
Inspectors:	Edward Clement, Environmental Engineer, and Carla Rellergert, Geological Engineer, Jacobs Engineering Group, Inc.
Facility Representative:	John DeGryse, Plant Manager, Richard Erickson, Service Manager, and Jackie Clark Office Administrator

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LIST OF ATTACHMENTS

1.0 INTRODUCTION

On July 5, 1988, a RCRA Compliance Evaluation Inspection (CEI) was performed by Jacobs Engineering Group Inc. (Jacobs) personnel at Eagle Signal Industrial Controls (Eagle Signal) under the Technical Enforcement Support (TES IV) Contract, Work Assignment Number 286, for the Environmental Protection Agency, Region VII. The inspection was conducted under the authority of Section 3007 of the Resource Conservation and Recovery Act (RCRA) as amended.

This investigation consists of: a discussion of the facility's RCRA background, a summary of the facility's reported management practices, observations made during the investigation, investigation and document review findings and a listing of potential violations. The report is supplemented with photographs to support some of the observations. Documentation requested from Eagle Signal during the visit and copies of the following RCRA Compliance Checklists are provided as report attachments (Attachment C):

- RCRA Compliance Inspection Report Generator's Checklist
- RCRA Compliance Inspection Report Interim Status Facility's Checklist, and
- RCRA F-Solvent Land Disposal Restrictions Checklist.

2.0 PARTICIPANTS

The inspection on Eagle Signal's RCRA hazardous waste management practices was conducted on July 5, 1988 by Edward Clement and Carla Rellergert of Jacobs, representing EPA Region VII. Jacobs personnel were met by John DeGryse, Plant Manager; Richard Erickson, Service Manager; and Jackie Clark, Office Administrator.

3.0 INSPECTION PROCEDURES

Jacobs personnel presented Mr. DeGryse with an EPA letter of introduction (Attachment A) and explained the purpose of the inspection and the procedures that would follow. The Confidential Business Information (CBI) Notice was explained and not requested by Eagle Signal.

Mr. DeGryse and Mr. Erickson gave a brief overview of Eagle Signal's services which includes manufacturing timers and counters used in industrial control and traffic signals.

The inspection consisted of a discussion of the facility's activities and waste generation and management practices, a review of hazardous waste management records, and a visual inspection of the facility. At the end of the inspection, Jacobs personnel reviewed their findings and observations with Mr. DeGryse, Mr. Erickson, and Ms. Clark. A Notice of Violation (NOV) was issued in which Mr. DeGryse signed in acknowledgement of receipt (see Attachment A).

4.0 FACILITY DESCRIPTION

Eagle Signal's facility occupies two floors of the building at 736 Federal Street. The facility, which generates RCRA wastes, manufactures electromechanical and solid state industrial timers and controls. This manufacturing process includes a plating operation, a machine area and a painting and fabrication operation, which are located on the first floor of the building. Eagle Signal also manufactures traffic signs and signals. This includes a silk screen operation and an assembly operation which is on the second floor. Also located on the second floor is a print shop for printing various pamphlets and brochures.

4.1 RCRA Status

An EPA Notification of Hazardous Waste Activity form was submitted for Eagle Signal Industrial Controls on August 15, 1980 (Attachment D) and was acknowledged by EPA on October 30, 1980. The facility notified as a generator of Hazardous Waste. The facility's notification specifies generation of F001, F003, F005, F007, F008, F009, D089, U002, U154, U210, U220, U239, and D001 wastes. A Hazardous Waste Part A Permit Application was submitted for storing hazardous waste in containers on November 7, 1980. According to a letter from EPA to Eagle Signal Industrial Controls dated April 28, 1987, Eagle Signal is released from the financial requirements of 40 CFR Parts 265.143 and 265.147. However, Eagle Signal will continue to maintain interim status until an RFA has been completed.

5.0 OBSERVATIONS

5.1 Waste Streams

An examination of Eagle Signal's business records indicate that they generate at least ten separate solid waste streams. These include:

- Miscellaneous paper/cardboard, plastic, etc.,
- Scrap metal,
- Waste cutting oils,
- Waste water,
- Waste rags,
- Silk screen wastes,
- Paint wastes,
- Caustic wastes,
- Chromic acid wastes, and
- Safety-Kleen wastes.

Of these waste streams the last six are considered RCRA Subtitle C hazardous wastes.

A solvent is used on rags to clean the ink presses in the print shop. The solvent used (Material Safety Data Sheet #110) is a hydrocarbon mixture with a flash point of 55^{o}F and would be a D001 characteristic hazardous waste. However, according to Arnie Adams, a printer, the rags are shipped off-site for laundering and no waste solvent is generated.

Located in the Silk Screen Department is a parts washer that contains a lacquer solvent. According to the MSDS #130, the lacquer solvent contains toluene, methyl ethyl ketone and isopropyl alcohol. The solvent is used to clean the silk screens that make the signs. The waste solvent is collected in a 55 gallon drum which takes 6 to 9 months to fill. The silk screen department generates approximately 43 lbs/month of waste solvent.

The paint department contains one water wash paint booth. The paint skimmings from the water are collected in a 55 gallon drum labeled as a D001 characteristic hazardous waste. Waste xylene, which is used to clean the paint guns, is collected in a 5 gallon container. The waste xylene is then placed in the 55 gallon drum with the paint skimmings. Eagle Signal generates approximately 147 lbs/month of waste paint related material.

Caustic cleaners are used in the plating department in the barrel zinc process and in the hook zinc process. Both processes are zinc phosphating, however, the barrel zinc process phosphatizes small parts and larger parts are placed on a hook in the hook zinc process. According to Don Strobbe, the technician in the plating department, the caustic hasn't been changed in the past year. The caustic cleaner is located in one of several tanks used in the plating process.

Chromic acid is used in both zinc phosphating processes in the plating department. The chromic acid is also located in a tank and according to Don Strobbe, the chromic acid has not been changed for the past 1 1/2 years.

Safety-Kleen parts washers are located throughout the facility. During the inspection seven parts washers were located, however, according to Safety-Kleen service receipts Eagle Signal has ten parts washers. Eight of the ten parts washers are serviced every four weeks, one is serviced every eight weeks and one is serviced every twelve weeks. The eight parts washers serviced every four weeks consist of four 16 gallon washers and four 30 gallon washers. The parts washer serviced every eight weeks is a 16 gallon container and the parts washer serviced every twelve weeks is a 30 gallon container. Mineral spirits are used in the parts washers and is considered a D001 hazardous waste. Every four weeks or every month Safety-Kleen removes at least 1500 lbs of D001 hazardous waste from Eagle Signal. During the eight and twelve week servicing the amount will increase.

5.2 Records

Eagle Signal has a contractual agreement with Safety-Kleen Corporation to service, repair and maintain the parts washer machines which were provided by Safety-Kleen. When the machines are serviced, Safety-Kleen Corporation replaces the used solvent with a clean product. The material is then shipped off-site with Safety-Kleen. Eagle Signal is not required to manifest the waste off-site according to 40 CFR 262.20(e), as long as they remain 100 kg to 1000 kg per month small quantity generator. A copy of Safety-Kleen's servicing receipts and a Material Safety Data Sheet are in Attachment E.

MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets are included in Attachment E for the silk screen solvent (#130), print shop solvent (#110), the paint booth solvent (#6), and the chemicals used in the print shop for photographic developing (#112 and #113). According to the MSDS's the silk screen solvent would be an F005 listed hazardous waste; the print shop solvent, which is used on rags, is a D001 characteristic hazardous waste; and the paint booth solvent would be an F003 listed hazardous waste. The photographic chemical containing sodium hydroxide would be considered a D002 characteristic hazardous waste.

MANIFESTS

Also included in Attachment E are the past years Manifest. According to Richard Erickson, Eagle Signal has not yet sent a shipment of waste out in 1988. The last shipment of the paint waste was on March 27, 1987 to LWD, Inc. in Calvert City, Kentucky. The paint waste was manifested as a D001 hazardous waste.

Three shipments of plating wastes went to Chem-Clear in Chicago, Illinois on July 8, and September 17 and 29, 1987. The waste chromic acid was manifested as a D002, D007 hazardous waste. A plating pit waste was manifested as a D007, D008, and an F006 hazardous waste. The waste chromic acid was manifested again as a D007 only hazardous waste.

One shipment of waste including a cadmium waste and a de-rusting waste was manifested to CyanoKEM, Inc. in Detroit, Michigan on October 1, 1987. The cadmium waste was manifested as a D006 and the de-rusting waste was manifested as a D002 hazardous waste. According to Richard Erickson, this was the last shipment off-site of hazardous waste.

5.3 Land Disposal Restrictions Compliance

Eagle Signal generates approximately 1700 lbs and 61 gallons per month of a hazardous waste. Approximately 190 lbs of this waste is subject to the land disposal restrictions. The silk screen waste is an F005 listed hazardous waste and the paint waste is an F003 listed hazardous waste. Eagle Signal would be considered a 100kg to 1000kg per month small quantity generator. Although F001-F005 spent solvents from 100kg to 1000kg per month small quantity generators are exempt from the land disposal restrictions until November 8, 1988 (40 CFR 268.30, 51 FR 40641), Eagle Signal is required to forward a notice to the land disposal facility receiving their waste which states that the waste is exempt from the land disposal restrictions until November 8, 1988 (40 CFR 268.7(a)(3), 51 FR 40641).

At the time of the inspection, Eagle Signal was misclassifying the solvent waste and the paint waste as a D001 hazardous waste. The last shipment of waste was on March 27, 1987 and did not include a land disposal restrictions notification.

6.0 SITE INVESTIGATION

During the inspection, a site evaluation was performed at Eagle Signal Industrial Controls to identify the areas of hazardous waste generation and storage. This inspection was supplemented with photographs to support some of the observations noted (Attachment F).

Silk Screen Department (Photographs 1 and 2)

The silk screen department prints a variety of traffic signs. The silk screens are placed in a washer, which contains a solvent, to clean the ink from the screen. The washer unit is emptied into a five gallon container located beneath the unit. When the five gallon container becomes

full it is emptied into a 55 gallon drum located beside the washer. The 55 gallon drum was kept closed and contained a Hazardous Waste label but the label did not contain an EPA identification number for the waste. The drum had an accumulation start date of 10-6-86. According to the silk screen technician it takes the department approximately 6 - 9 months to fill the 55 gallon drum. The solvent in the washer is considered an F005 listed hazardous waste.

Print Room (Photograph 3)

Located in the print shop are several printing presses used to print pamphlets and brochures. A solvent is placed on rags which are used to clean the ink presses. Waste solvent evaporates off the presses and the dirty rags are sent off-site to GEK Laundry and Uniforms in Davenport, Iowa.

Safety-Kleen Parts Washers (Photograph 4, 5, and 7)

Safety-Kleen washers are located throughout the facility: One 16 gallon washer in the maintenance department, one 16 gallon washer in the milling department, four 30 gallon washers and one 16 gallon washer in the screw machine department, one 16 gallon washer in the drill press area, and one 16 gallon washer in the tool room.

Waste Cutting Oils (Photograph 6)

Located in the screw machine department is a newly built bermed area for storing waste cutting oils. The waste oils are shipped off-site to Moreco Energy Inc., 1800 78th Avenue, Rock Island, Illinois.

Paint Storage Room (Photograph 8)

The paint storage room, located on the first floor, contains product paint and waste paint related material. During the inspection, six full 55 gallon drums of waste paint skimmings and solvent were in the storage room. They were labeled:

- D001, no accumulation date
- D001, no accumulation date
- D001, 3/25/87
- D001, no accumulation date
- D001, no accumulation date

- one with a hazardous waste label, no accumulation date and in place of the hazardous waste ID # was "1993".

Paint Department (Photographs 9 and 10)

Located in the Paint Department is one water wash paint booth and a paint mixing area. Around the paint mixing area is a five gallon container and a 55 gallon drum. Solvent is used to clean the paint guns and the waste material is collected in a five gallon container. Paint skimmings from the paint booth are collected in a 55 gallon drum. When the five gallon container becomes full, the waste solvent is placed in the 55 gallon drum containing paint skimmings. During the inspection the five gallon container was not labeled and the 55 gallon drum is labeled as a D001 hazardous waste. The solvent used is 100% xylene.

Zinc Phosphating (Photographs 11 and 12)

The zinc phosphating department consists of two zinc plating processes: Barrel Zinc and Hook Zinc. The difference between the two processes is parts are placed in a barrel in one line and larger parts are placed on a hook in the other line. The two processes are outlined below:

Barrel Zinc

Caustic Soak Cleaner --> Cold Water Rinse --> Caustic ElectroClean --> Cold Water Rinse --> Cold Water Rinse --> Hydrochloric Acid (neutralizer) --> Cold Water Rinse --> Cold Water Rinse --> Electroplating of Zinc --> Cold Water Rinse --> Cold Water Rinse --> Hopper Rinse --> Chromic Acid Bath (Chrome Conversion Coating) --> Cold Water Rinse --> Cold Water Rinse --> Hot Water Rinse --> Spin Dry

Hook Zinc

Caustic Soak Cleaner --> Cold Water Rinse --> Caustic ElectroClean --> Cold Water Rinse --> Cold Water Rinse --> Hydrochloric Acid (neutralizer) --> Cold Water Rinse --> Cold Water Rinse --> ElectroPlating of Zinc --> Cold Water Rinse --> Cold Water Rinse --> Cold Water Rinse --> Chromic Acid Bath (Chrome Conversion Coating) --> Cold Water Rinse --> Cold Water Rinse --> Hot Water Rinse --> Blow Dry

City water is used in both zinc phosphating processes and all wastewater from this area discharges to the city sewer system. According to Don Strobbe, all the tanks that contain a hazardous waste material are painted yellow and have a bermed area around them to prevent any spill material from discharging into the sewer system. Don Strobbe also

stated that the chromic acid hasn't been changed in 1 1/2 years and the caustic hasn't been changed in one year. The chromic acid and caustic waste material is placed in 55 gallon drums for storage. Located in a drum storage area on the second floor were eleven drums of waste chromic acid and caustic. This does not appear to agree with Don Strobbe's statement that the chromic acid and caustic hasn't been changed in 1 - 1 1/2 years. Only four of the drums had accumulation dates marked on them: 5-11-88, 1-29-88, 1-18-88, and 5-3-88. According to Richard Erickson, the facility waits to place hazardous waste labels on the drums just before they are shipped off-site, so that they can be typed or filled out all at once. The four drums with accumulation dates were also marked as a D002 hazardous waste, the other drums were labeled as "Caustic" or "Chromic Acid".

Old Drum Storage Area (Photograph 14)

Located to the east of the building, which Eagle Signal occupies, is the old drum storage area. The area is fenced and is paved with asphalt and gravel. This area has been closed and certified by an independent professional engineer.

7.0 FINDINGS AND CONCLUSIONS

Eagle Signal Industrial Controls generates D001, D002, D007, D008, F003, F005 and possibly F006 (according to a manifest) hazardous wastes subject to the applicable standards of 40 CFR Sections 260 - 270. All portions of RCRA Compliance Inspection Report Checklists which were applicable to Eagle Signal were completed during the day's inspection.

The potential violations identified from the document review and the site investigation are summarized below:

262.11 Hazardous Waste Determination

Eagle Signal has not correctly determined the classification of the waste generated at the facility. Eagle Signal has been manifesting the silk screen waste solvent and the paint related material as a D001 characteristic hazardous waste. The silk screen waste should be an F005 listed hazardous waste and the paint related material should be an F003 listed hazardous waste since the cleaning solvent is mixed with the paint skimmings.

262.34(a)(2) Accumulation Time

The dates when accumulation began were not marked on the waste chromic acid and waste caustic in the drum storage area.

262.34(a)(3) Accumulation Time

Not all of the chromic acid and caustic waste accumulation drums were labeled as a hazardous waste.

262.34(a)(4) Accumulation Time

Eagle Signal does not have a Contingency Plan.

Additional potential violations that were identified during preparation of this report:

262.34(c)(1)(ii) Accumulation Time

The five gallon containers used in the silk screen department and in the paint department used for satellite accumulation were not marked to identify the contents of the containers.

268.7(a)(3) Waste Analysis

Eagle Signal has not notified the treatment, storage, or disposal facility receiving their F-listed waste, stating that the waste is exempt from the land disposal restrictions until November 8, 1988. Under 268.30(a)(1) Eagle Signal's solvent is exempt form land disposal until November 8, 1988.

Additional areas of concern were identified during preparation of this report. A plating pit waste was manifested to Chem Clear in Chicago, Illinois on September 17, 1987, identifying the waste as an D007, D008, and F006 hazardous waste. It was not determined during the inspection what this pit waste is. Also, on September 29, 1987, the chromic acid was manifested as D007 only. The waste should have been manifested as D002 as well.

ATTACHMENT A

Notice of Violation
and
Letters of Authorization

July 5, 1988

Notice of Violation Pursuant to Requirements of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: Eagle Signal Industrial Control
Address: 736 Federal Street
Davenport, IA 52803
EPA ID Number: IAD051001337 Date: 7-5-88

During an inspection just completed to determine compliance with the requirements of Subtitle C of RCRA and regulations promulgated pursuant thereto, the following violations were identified:

Citation	Description of Violation
262.11	Waste paint related material is misclassified as D001, should be labled as F003. The facility does not have analysis to determine if the waste exhibits the characteristic of ignitability. Silk screen waste is misclassified as D001, should be an F005 listed hazardous waste.
262.34(a)(2)	Accumulation dates are not marked on all hazardous waste drums.
262.34(a)(3)	Not all drums are labeled as a hazardous waste.
262.34(a)(4)	Facility does not have a Contingency Plan

This notice is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order (Administrative Civil Complaint) issued pursuant to Section 3008 of RCRA and may not be a complete listing of all violations which may be identified as a result of this inspection.

The Eagle Signal Industrial Control is hereby requested to submit in writing within 10 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary correction actions to be taken to: Mike Sandersen, Chief, RCRA Branch, U. S. Environmental Protection Agency, Region VII, 726 Minnesota Ave., Kansas City, Kansas, 66101. The corrective actions taken by Eagle Signal Industrial Control will be considered in subsequent enforcement follow-up. Should civil penalties be assessed, corrective action(s) will be considered in assessing the penalty amount.

If you have any questions on this Notice or wish to discuss your response, you may call Jim Callier (U. S. EPA) at (913) 236-2887, or Beth Koesterer (US EPA), at (913) 236-2887.

This Notice prepared by Carl A. Kellegert Date: July 5, 1988

The undersigned person hereby acknowledges that he/she has received a copy of this Notice and has read same.

Printed Name: G. M. DE GRYSE Date: 7-5-88

Signature: [signature]

Title: PLANT MANAGER

7-EPA-3500.7 (Rev. 5/85)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

RCRA Compliance Evaluation Inspections
Credentials and Designation

To Whom It May Concern:

This certifies that Carla Rellergert, whose signature appears below, is designated an authorized contractor of the U.S. Environmental Protection Agency for the purpose of conducting RCRA Compliance Evaluation Inspections (CEI) for the period March 28, 1988 through September 30, 1988. This person is hereby authorized to conduct these official investigations pursuant to Section 3007 of the Resource Conservation and Recovery Act (RCRA).

Section 3007(b) of RCRA and 40 CFR Part 2 define the Agency's policies regarding protection of trade secrets and confidential information.

Age:	24
Height:	5 foot 6 inches
Weight:	180 lbs
Color of Hair:	Brown
Color of Eyes:	Hazel

Carla Rellergert
Designated Contractor
Jacobs Engineering Group

Carl V Blomgren
FOR David A. Wagoner, Director
Waste Management Division
U.S. Environmental Protection
Agency-Region VII

ATTACHMENT B

Confidential Business Information Forms

and

Receipt for Samples and Documents

U.S. ENVIRONMENTAL PROTECTION AGENCY
RCRA INSPECTION
CONFIDENTIALITY NOTICE

Name and Address of Inspector(s)	Name and Address of Facility Eagle Signal Industrial Controls 736 Federal Street Davenport IA 52803	
Jacobs Engineering Group, Inc. TES IV Contractor To U. S. EPA 8207 Melrose Drive, Suite 114 Lenexa, KS 66214	Owner, Operator, or Agent in Charge Eagle Signal Controls	
	~~Title~~ 8004 Cameron Road	
	Address Austin Texas 78753	
Name of Individual to Whom Notice Given John De Gryse	Title Plant Manager	Date 7/5/88

It is possible that EPA will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FDIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act, Section 3007, as amended. EPA is required to make inspection data available in response to FOIA requests, unless the Administrator of the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial of financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information. Among other things, the regulations require that the EPA notify you in advance of publicly disclosing any information you have claimed and certified confidential.

To claim information confidential, you must certify that each claimed item meets <u>all</u> of the following criteria:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.

2. The information is not, and has not been, reasonably obtainable without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding).

3. The information is not publicly available elsewhere.

4. Disclosure of the information would cause substantial harm to your company's competitive position.

At the completion of the inspection, you will be given a receipt for all documents, samples, and other materials collected. At that time you may make claims that some or all of the information is confidential and meets the four criteria listed above.

RCRA INSPECTION CONFIDENTIALITY NOTICE.	Facility Eagle Signal Industrial Controls

If you are not authorized by your company to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the Owner, Operator, or Agent in Charge of your firm, within two days of this date. That person must return a statement, specifying any information which should receive confidential treatment.

This statement from the Owner, Operator, or Agent in Charge should be addressed to:

Mr. David A. Wagoner
Director, Waste Management Division
United States Environmental Protection Agency
726 Minnesota Avenue
Kansas City, Kansas 66101

and mailed by registered, return-receipt requested mail with in seven (7) calendar days of receipt of this Notice.

Failure by your firm to submit a written request that information be treated as confidential, either at the completion of the inspection or by the Owner, Operator, or Agent in charge, within the seven-day period, will be treated by the EPA as a waiver by your company of any claims for confidentiality regarding the inspection data.

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Name John DeGryse

Title Plant Manager

Signature [signature]

Date 7-5-88

If there is no one on the premises of the facility who is authorized to make business confidentiality claims for the firm, a copy of this Notice and other inspection materials will be sent to the Owner, Operator, or Agent in charge of the company. If there is another company official who should also receive this information, please designate below:

Name _____

Title _____

Address _____

_____

U.S. ENVIRONMENTAL PROTECTION AGENCY
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

REQUEST FOR CONFIDENTIAL TREATMENT

Name of Individual	Title Date
Firm Name	Firm Address

Information for which Confidential Treatment is requested:

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5U.S.C.552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act (RCRA), Section 3007, as amended. The undersigned further acknowledges that he/she is authorized to make such claims for his/her firm.

The undersigned also certifies that each item described above meets all of the following criteria: (1) The company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures: (2) The information is not, and has not been, reasonably attainable without the company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial of quasi-judicial proceeding; (3) The information is not publicly available elsewhere; and (4) Disclosure of the information would cause substantial harm to the company's competitive position.

Signature (Owner, Operator, or Agent)	Title
Name of Inspector Title	Inspector's Signature
Edward B. Clement Jr Environmental Engineer	Edward B. Clement Jr

U.S. ENVIRONMENTAL PROTECTION AGENCY

RECEIPT FOR SAMPLES AND DOCUMENTS

Inspector(s) Name and Address	Firm Name and Address
Jacobs Engineering Group, Inc. TES IV Contractors to the U. S. EPA 8207 Melrose Drive, Suite 114 Lenexa, KS 66214	Eagle Signal Industrial Controls 736 Federal Street Davenport IA 52803
	Name of Individual John DeGryse
	Title Plant Manager
Date Collected July 5, 1988	Samples were: ( ) Purchased
	(X) Received no charge ( ) Borrowed
Sample Numbers	Amount paid for Samples
Duplicate Samples Requested ( ) Yes ( ) No	Method of Payment ( ) Cash ( ) Voucher ( ) To be Billed

The documents and samples of chemical substances and/or mixtures described below were collected in connection with the administration and enforcement of the Resource Conservation and Recovery Act.

Receipt for the document(s) and/or Sample(s) described below is hereby acknowledged:

6 Material Safety Data Sheets

15 Manifests

14 Photographs

Signature (Owner, Operator, or Agent	Title
G.M. DEGRYSE	PLANT MANAGER
Name of Inspector	**Title** / **Inspector's Signature**
Edward B. Clement Jr.	Environmental Engineer / Edward B. Clement Jr.

ATTACHMENT C

Region VII RCRA Compliance

Evaluation Inspection Checklists

Figure 10

RCRA SITE INSPECTION CHECKLIST

A. Site Name: Eagle Signal Industrial Controls
B. Street (or other identifier): 736 Federal Street
C. City: Davenport
D. State: Iowa
E. Zip Code: 52803
F. County Name:

G. Site Operator Information
1. Name: Eagle Signal Industrial Controls
2. Telephone Number:
3. Street: 736 Federal St
4. City: Davenport
5. State: Iowa
6. Zip Code: 52803

H. Site Description

I. Type of Ownership
___1. Federal ___2. State ___3. County ___4. Municipal ✓5. Private

J.
✓1. Generator ___2. Transporter ___3. Treatment ✓4. Storage ___5. Disposal

INSPECTION INFORMATION

A. Principal Inspector Information
1. Name: Ed Clement, Carla Rellergert
2. Title: Environmental Engineer, Geological Engineer
3. Organization: Jacobs Engineering
4. Telephone No. (area code & No.): 913-492-9218

B. Inspection Participants
Ed Clement Jacobs Engineering
Carla Rellergert Jacobs Engineering
Jackie Clark - Office Administration
Richard Erickson - Service Manager
John DeGryse - Plant Manager

SUP No. FR0018

Eagle Signal Industrial Center

CFR, Part 262 RCRA COMPLIANCE INSPECTION REPORT Page 1/7

GENERATOR'S CHECKLIST

Section A - Hazardous Waste Determination

1. Does facility generate any wastes excluded from regulation (40 CFR 261.4)? ___Yes ✓No

If yes, list wastes and quantities and explain ultimate disposition: _____

2. Does facility generate any wastes listed in Subpart D of 40 CFR Part 261? ✓Yes ___No

If yes, list wastes and quantities: F003 and F005

3. Does facility generate any wastes that exhibit a hazardous characteristic (Subpart C, 40 CFR Part 261)? ✓Yes ___No

a. If yes, list wastes and quantities: D001, D002, D007, and D008

b. Was determination of characteristic made by:

1) Testing of wastes in accordance with methods in Subpart C, 40 CFR, Part 261? ___Yes ✓No

2) Applying knowledge of waste regarding material or processes used? ✓Yes ___No

4. Does facility generate any other solid wastes? ✓Yes ___No

a. If yes, were wastes determined non-hazardous by testing? ___Yes ✓No

b. If wastes were determined as non-hazardous by applying knowledge of wastes or processes, list wastes and quantities generated (include processes used): CHM. Scrap Metal, Waste Cutting oils, Wastewater, ~~wastecaps~~

Section B - EPA Identification Number

§262.12 Does generator have an EPA ID Number? ✓Yes ___No

1. If yes, EPA ID No: I A D 0 5 1 0 0 1 3 3 7

2. If no, does facility meet small quantity generator requirements of 40 CFR, 261.5? NA. ___Yes ___No

Section C - Manifest

1. Does generator ship wastes off-site? ✓ Yes ___ No

a. If no, do not fill out Sections C and D.

b. If yes, identify primary off-site facility(s). (Use narrative explanations sheet.)

§262.20 2. Does generator use manifests? ✓ Yes ___ No

a. If no, is generator a small quantity generator? ___ Yes ___ No N/A.

§262.21 b. If yes, does manifest include the following information?

1) Manifest Document No. ✓ Yes ___ No

2) Generators Name, Mailing Address, Telephone # ✓ Yes ___ No

3) Generator EPA I.D. No. ✓ Yes ___ No

4) Transporter(s) Name and EPA I.D. No. ✓ Yes ___ No

5)(a) Facility Name, Address and EPA I.D. No. ✓ Yes ___ No

Alternate Facility Name, Address and EPA I.D. No., if any, or (optional) ___ Yes ✓ No

Instructions to transporter to return wastes if undeliverable? (optional) ___ Yes ✓ No

6) Description of waste(s) required by DOT - proper shipping name, etc. ✓ Yes ___ No

7) Total quantity of each waste by units (weight or volume), number and type of containers. ✓ Yes ___ No

8) Emergency Information (optional) (special handling instructions, phone no.) ___ Yes ✓ No

9) The following certification:

"This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA." ✓ Yes ___ No

§262.23 3. Does generator accomplish the following?

a. Sign and date each manifest? ✓ Yes ___ No

b. Obtain signed and dated copy of each manifest from transporter? ✓ Yes ___ No

c. Retain one copy of manifest signed by generator and transporter? ✓Yes ___No

d. Retain one signed copy of manifest from designated facility? ✓Yes ___No

Section D - Recordkeeping and Records

§262.40 1. Does generator keep the following reports for 3 years?

a. Signed copies of manifests from designated facilities ✓Yes ___No

b. Annual/Biennial Reports ✓Yes ___No

c. Exception Reports ___Yes ___No NA

d. Test Results, waste analysis, etc. ✓Yes ___No

2. Where are records kept (at facility or elsewhere)?
Supervisor's Office

3. Who is in charge of keeping the records?
Name Richard Erickson Title Service Manager

---

§262.50 ## Section E - Special Conditions NA

Has generator exported hazardous wastes to/from a foreign country? ___Yes ___No

a. If yes, has he filed a notice with the Regional Administrator?

b. Is this waste manifested and signed by Foreign consignee? ___Yes ___No

c. If generator transported wastes out of the country has he received confirmation of delivered shipment? ___Yes ___No

---

Section F - Pre-Transport Requirements

§262.30 1. Does Generator package waste in accordance with 49 CFR Parts 173, 178, and 179? (DOT requirements) ✓Yes ___No

§262.31 2. Does the Generator use DOT labeling requirements in accordance with 49 CFR Part 172? ✓Yes ___No

§262.32 3. Does the generator mark each package in accordance with 49 CFR Part 172? ✓Yes ___No

4. Is each container of 110 gallons or less marked with the following label? ___Yes ✓No

HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address_____
Manifest Document Number_____

§262.33 5. Does generator have placards to offer to transporters? ___Yes ✓No

---

Section G - Accumulation Time

Does generator accumulate wastes on-site for more than 90 days? ✓Yes ___No

a. If yes, has generator been granted an extension by proper authority? ___Yes ✓No

1) If yes, is extension for more than 30 days? ___Yes ___No NA

2) If no, generator is an operator of a storage facility and is subject to the requirements of 40 CFR Part 265. (Complete Facility's Checklist)

b. If no, does generator accomplish the following:

1) Places wastes in containers or tanks? ✓Yes ___No

Note: If containers are used, fill out checklist for containers. If tanks are used, fill out checklist for tanks (Items b & c are not applicable).

2) Clearly marks each container with the date upon which each period of accumulation begins? ___Yes ✓No

3) Clearly marks or labels each container and tank with the words "Hazardous Waste"? ___Yes ✓No

Note: If generator accumulates wastes on-site for 90 days or less, complete Sections H, I, and J

Section H - Personnel Training

§265.16 8. Does facility have a training program? ✓Yes ___No
a. Are the following records maintained?

1) Job title and name of individual filling each job? ✓Yes ___No

2) Written description of each job? ✓Yes ___No

3) Written description of type and amount of training to be given? ✓Yes ___No

4) Documentation of training given? ✓Yes ___No

b. Is an annual review of training accomplished? ___Yes ✓No

c. Are the training records maintained at the facility? ✓Yes ___No

d. How long are records kept for:

1) Current employees? forever

2) Former employees? forever

Section I - Preparedness and Prevention

§265.31 1. Is there evidence of fire, explosion or contamination of the environment? ___Yes ✓No

If yes, use narrative explanation sheet to explain.

---

2. Is the facility equipped with (as appropriate):

a. Internal communication or alarm system? ✓Yes ___No

b. Telephone or two-way radio to call emergency response personnel? ✓Yes ___No

c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? ✓Yes ___No

d. Water of adequate volume and pressure for hoses, sprinklers or water spray systems? ✓Yes ___No

Describe source of water City Water

---

§265.33 3. Are all communications or alarm systems, fire protection equipment, spill control equipment, and decontamination equipment, where required, tested and maintained to assure proper operation? ✓Yes ___No

§265.34 4. Are communications or alarm systems, where required, readily accessible? ✓ Yes ___ No

§265.35 5. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment in an emergency? ✓ Yes ___ No

§265.37 6. Has the owner/operator attempted to make the following arrangements with the local authorities as appropriate:

a. To familiarize police, fire departments and emergency response teams with layout of facility, properties of hazardous waste handled and associated hazards, places where personnel would normally be working, entrances to roads inside facility and possible evacuation routes? ✓ Yes ___ No

b. In ther case where more than one police and fire department might respond, agreements designating primary emergency authority? ✓ Yes ___ No

c. Agreements with State emergency response teams, emergency response contractors and equipment suppliers? ✓ Yes ___ No CAM

d. To familiarize local hospitals with the properities of hazardous wastes handled and types of injuries or illnesses that would result? ___ Yes ✓ No

7. Where state or local authorities decline to enter into such arrangements, is this documented in the operating record? ___ Yes ___ No NA

Section J. Contingency Plan and Emergency Procedures

§265.52 1. Does the facility have a contingency plan? ___ Yes ✓ No

a. Is it an amendment to a Spill Prevention Control and Countermeasures (SPCC) Plan? ___ Yes ✓ No

b. Does the plan include:

1) Arrangements with local authorities to coordinate emergency services? ___ Yes ✓ No

2) List of names, addresses and phone numbers of emergency coordinators? ___ Yes ✓ No

3) List of all emergency equipment at facility? ___ Yes ✓ No

4) Evacuation plan? ___ Yes ✓ No

c. Is a copy of the contingency plan and all revisions:

1) Maintained at the facility? ___Yes ✓No

2) Submitted to all local authorities that may be called upon to provide services? ___Yes ✓No

§265.55 2. Is there an emergency coordinator on site or on call at all times? ___Yes ✓No

3. Have there been any incidents requiring the implementation of the contingency plan? ___Yes ✓No

FR Part 265

RCRA COMPLIANCE INSPECTION REPORT
INTERIM STATUS FACILITY'S CHECKLIST

Section A - General Facility Standards

§265.11 1. Does facility have an EPA Identification No.? ___Yes___No

a. If yes, EPA I.D. No. _____

b. If no, explain _____

§265.12 2. Has facility received hazardous waste from a foreign source? ___Yes___No

General Waste Analysis

§265.13 3. Has facility obtained detailed chemical and physical data of waste prior to treatment, storage or disposal? ___Yes ✓No

a. Was data determined from:
(1) Knowledge of processes/wastes? ___Yes___No
(2) Actual analysis of representative sample? ___Yes___No

b. Are analysis repeated as necessary to ensure data is accurate and up-to-date? ___Yes___No

c. (For off-site facility) Does owner/operator inspect and, if necessary, analyze each waste movement received? ___Yes___No

4. Does facility have a written waste analysis plan? ___Yes___No

a. Is the plan kept at the facility? ___Yes___No

b. Does the plan include:

(1) Parameters for which each waste will be analyzed? ___Yes___No

(2) Test methods used to test for these parameters? ___Yes___No

(3) Sampling method used to obtain sample? ___Yes___No

(4) Frequency with which initial analyses will be reviewed or repeated? ___Yes___No

(5) (For off-site facility) Waste analysis that generators have agreed to supply? ___Yes___No

(6) (For off-site facility) Procedures which are used to inspect and, if necessary, analyze each movement of hazardous waste received including: ___Yes ___No

(a) Procedures used to determine the identity of each movement of waste? ___Yes ___No

(b) Sampling method to obtain representative sample of waste to be identified ___Yes ___No

Security

§265.14 5. Does the facility provide adequate security through:

a. 24-hour surveillance system? (e.g. television monitoring or guards) ___Yes ✓No

OR

b. Artificial or natural barrier around facility (e.g. fence or fence and cliff)? ✓Yes ___No

Describe _____

_____

And means to control entry through entrances (e.g. attendant, television monitors, locked entrance, controlled roadway access)? ___Yes ___No

Describe _____

_____

c. Are signs with the legend, "Danger - Unauthorized Personnel Keep Out" posted? ✓Yes ___No

General Inspection Requirements

§265.15 6. Does the owner/operator maintain a written schedule at the facility? ___Yes ✓No

a. Does the schedule include the inspection of:

(1) Monitoring equipment? ___Yes ___No

(2) Safety and emergency equipment? ___Yes ___No

(3) Security devices? ___Yes ___No

(4) Operating and structural equipment? ___Yes ___No

b. Does the schedule identify the types of problems to be looked for? ___Yes ___No

7. Does the owner/operator maintain an inspection log? ___Yes ✓No

a. Does it include:

(1) Date and time of inspection? ___Yes ✓No

(2) Name of inspector? ___Yes ✓No

(3) Notation of observation? ___Yes ✓No

(4) Date and nature of repairs or remedial action? ___Yes ✓No

b. Are there any malfunctions or other deficiencies not corrected? (Use narrative explanation sheet).

Personnel Training

§265.16 8. Does facility have a training program? ✓Yes ___No

a. Are the following records maintained?

(1) Job title and name of individual filling each job? ✓Yes ___No

(2) Written description of each job? ✓Yes ___No

(3) Written description of type and amount of training to be given? ✓Yes ___No

(4) Documentation of training given? ✓Yes ___No

b. Is an annual review of training accomplished? ___Yes ___No

c. Are the training records maintained at the facility? ___Yes ___No

d. How long are records kept for:

1) Current employees? _____

2) Former employees? _____

Requirements for Ignitable, Reactive or Incompatible Wastes

§265.17 9. Does facility handle ignitable or reactive wastes? ___Yes ___No

a. If yes, is waste separated and protected from sources of ignition or reaction: open flames, smoking, cutting and welding, hot surfaces, frictional heat,

D/834-987-00b/#7

Inspector: Ed Clement and Carla Rellergert
Address: 8207 Melrose Dr., Suite 114
Lenexa, KS 66214
Telephone No: 913-492-9218

DRAFT
RCRA LAND RESTRICTION F-SOLVENT
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

Eagle Signal Industrial Control — 736 Federal Street
A. Handler Name — B. Street (or other identifier)

Davenport — Iowa — 52803 — — Manufacture electromechanical and solid state industrial timers and controls
C. City — D. State — E. Zip Code — F. County Name — G. Nature of Business; Identification of Operations

IAD051001337
H. EPA ID #

John DeGryse
I. Handler Contact (Name and Phone Number)

II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

a. F001 — ___Yes ✓No
b. F002 — ___Yes ✓No
c. F003 — ✓Yes ___No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? ___Yes ___No N.A.

d. F004 — ___Yes ✓No
e. F005 — ✓Yes ___No

2. Source of the above: Form 8700-12 ✓; Part A ___; Part B___; other (specify) MSDS

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified b the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below: _____

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

B. BDAT Treatability Group - Treatment Standards Identification — Comments

1. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

___Yes ✓No

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ___Yes ✓No

b. TCLP ___Yes ✓No

c. Other (specify) _____

If knowledge, note how this is adequate:

_____

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note any problems: _____

d. Were wastes tested using TCLP when a process or wastestream changes?

___Yes ✓No

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(2)]?

✓Yes ___No
___Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]

___Yes ✓No

D. Management

1. Onsite management

a. Were F-solvent wastes managed onsite?

✓Yes ___No

If yes, answer 1(b) and (c); if no, answer 2.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

b. For wastes that exceed treatment standards, was treatment, storage, and/or disposal conducted?
___Yes ✓No

If yes, TSDF Checklist must be completed.

c. Are test results maintained in the operating record?
___Yes ✓No

2. Offsite Management

a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

(i) EPA waste number? ___Yes ✓No

(ii) Applicable treatment standard? ___Yes ✓No

(iii) Manifest number? ___Yes ✓No

(iv) Waste analysis data, if available? ___Yes ✓No

Identify offsite treatment facilities _____

b. If F-solvent wastes do not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]: NA

(i) EPA Hazardous waste number? ___Yes ___No

(ii) Applicable treatment standard? ___Yes ___No

(iii) Manifest number? ___Yes ___No

(iv) Waste analysis data, if available? ___Yes ___No

(v) Certification regarding waste and that it meets treatment standards? ___Yes ___No

Identify land disposal facilities receiving the BDAT certified wastes _____

c. If waste is subject to nationwide variance (e.g., solvent-water mixtures less than 1%), extension (268.5) or petition (268.6) does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?
___Yes ✓No

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

E. Storage of F-Solvent Waste

Comments

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG)?

✓ Yes ___ No

If yes, was facility operating as a TSD under interim status or final permit?

✓ Yes ___ No

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

___ Yes ✓ No

If yes, list type of treatment unit and processes

_____

_____

_____

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

APPENDIX A

Comments

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___Yes	___No
trichloroethylene	___Yes	___No
methylene chloride	___Yes	___No
1,1,1-trichloroethane	___Yes	___No
carbon tetrachloride	___Yes	___No
chlorinated fluorocarbons	___Yes	___No
	___Yes	___No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___Yes	___No
trichloroethylene	___Yes	___No
methylene chloride	___Yes	___No
1,1,1-trichloroethane	___Yes	___No
chlorobenzene	___Yes	___No
trichlorofluoromethane	___Yes	___No
1,1,2-trichloro-1,2,2-trifluoroethane	___Yes	___No
ortho-dichlorobenzene	___Yes	___No
~~1,1,2-trichloroethane~~	___Yes	___No
	___Yes	___No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	___Yes	___No
acetone	___Yes	___No
ethyl acetate	___Yes	___No
ethyl benzene	___Yes	___No
ethyl ether	___Yes	___No
methyl isobutyl ketone	___Yes	___No
n-butyl alcohol	___Yes	___No
~~cyclohexane~~ cyclohexanone	___Yes	___No
methanol	___Yes	___No
	___Yes	___No

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic? ___Yes ___No

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid	___Yes	___No
nitrobenzene	___Yes	___No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene	___Yes	___No
methyl ethyl ketone	___Yes	___No
carbon disulfide	___Yes	___No
isobutanol	___Yes	___No
pyridine	___Yes	___No
~~benzene~~	___Yes	___No
~~2-ethoxyethanol~~	___Yes	___No
~~2 nitropropane~~	___Yes	___No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Chemical carriers? ___Yes ___No

If the answer is yes, list the constituents.

_____
_____

(b) Degreasing/cleaning? ___Yes ___No

If the answer is yes, list the constituents.

_____
_____

(c) Diluents? ___Yes ___No

If the answer is yes, list the constituents.

_____
_____

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

(d) Extractants? ___Yes ___No Comments

If the answer is yes, list the constituents.

_____

_____

(e) Fabric scouring? ___Yes ___No

If the answer is yes, list the constituents.

_____

_____

(f) Reaction and synthesis media? ___Yes ___No

If the answer is yes, list the constituents.

_____

_____

If questions 1-6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. ___Yes ___No

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings.

   If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

   5% methylene chloride
   2% trichloroethylene
   25% 1,1,1-trichloroethane
   68% mineral spirits
   100%

   If the wastestream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

33%	acetone
16%	methanol
51%	ethyl ether
100%	

If the wastestream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste.
For example:

50%	xylene	F003
12%	TCE	F001
38%	mineral spirits	
100%		

If in light of the above, the handler appears to be generating F001-f005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

DRAFT

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

TRANSPORTER CHECKLIST N.A.

I. FACILITY IDENTIFICATION

Eagle Signal Industrial Control — 736 Federal St.
A. Site Name — B. Street (or other identifier

Davenport — Iowa — 52803
C. City — D. State — E. Zip Code — F. County Nam

Manufacture Electromechanical and Solid State Industrial Timers & Controls
G. Description of Operations

IAD051001337
H. EPA ID #

John DeGryse
I. Facility Contact (Name and Phone Number)

II. TRANSPORTER REQUIREMENTS N.A.

		Comments
A.	Does the transporter store restricted wastes for greater than 10 days [268.50(A)(3)]? ___Yes ___No	
1.	If yes, does transporter have 264/265 status as storage facility (e.g., has submitted part A?) ___Yes ___No	
B.	Does a review of records indicate storage of restricted wastes for greater than 10 days? ___Yes ___No	
C.	Describe inventory controls to ensure that restricted wastes are not stored for greater than 10 days. _____	

D/834-987-00b/#9

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

DRAFT
RCRA F-SOLVENT LAND RESTRICTION
TREATMENT, STORAGE, AND DISPOSAL REQUIREMENTS CHECKLIST

I. FACILITY IDENTIFICATION

A. Facility Name: Eagle Signal Industrial Controls
B. Street (or other identifier): 736 Federal St.
C. City: Davenport
D. State: Iowa
E. Zip Code: 52803
F. County Nam
G. Nature of business; identification of operations: Manufacture Electromechanical and Solid State Industrial Timers & Control
H. EPA ID #: IAD051001337
I. Facility Contact (Name and Phone Number): John DeGrysl

II.A. For onsite facilities, complete the generator checklist

Comments

B. General Facility Standards

1. Was waste analysis plan revised to cover Part 268 requirements [§264.13 or 265.13)?
___Yes ✓No

2. Did facility obtain representative chemical and physical analysis of wastes and residues?
___Yes ✓No

a. Did testing include analyses for all F001-F005 constituents? ___Yes ___No N.A

b. Were analyses performed using TCLP? ___Yes ___No

c. Were analyses conducted onsite or offsite (identify offsite lab)? ___On ___Off: _____

d. Describe frequency of sampling _____

e. Describe procedures used to identify manifest discrepancies _____

3. Are the operating records, including analyses and quantities, complete [264.73/265.73]? ___Yes ___No

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

C. Storage (§268.50)

Comments.

1. a. Were restricted wastes exceeding treatment standards stored?
✓ Yes ___ No

If no, go to "c."

b. Are all containers clearly marked to identify content and date(s) entering storage?
___ Yes ✓ No

c. Do operating records track the location, quantity and dates exceeding treatment standards entered and were removed from storage?
___ Yes ✓ No

They don't have an operating record.

d. Do operating records agree with container labeling?
___ Yes ✓ No

e. Is waste exceeding treatment standards stored for less than 1 year?
✓ Yes ___ No

If yes, can you show that such accumulation is not necessary to facilitate proper recovery, treatment, or disposal?
___ Yes ✓ No

If yes, state how: _____

f. Were tanks emptied at least once per year, and do operating records show that volume of waste removed from tanks annually at least equals tank volume?
___ Yes ___ No

N.A.

g. Was/is waste exceeding treatment standards stored for more than one year?
___ Yes ✓ No

If yes, state the owner/operator's proof that such storage was solely for the purposes of accumulation of such quantities of hazardous waste as are necessary to facilitate proper recovery, treatment, or disposal: _____

h. Are F-solvent wastes exceeding treatment standards "stored" in surface impoundments?
___ Yes ✓ No

D. Treatment in Surface Impoundments (§268.4) N.A.

1. Were F001-F005 wastes exceeding treatment standards placed in surface impoundments for treatment?
___ Yes ___ No

If no, go to E.

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

2. Did the facility submit a certification of compliance with minimum technology and ground water monitoring requirements, and the waste analysis plan to the Agency?
___Yes ___No

3. Have the minimum technology requirements been met? ___Yes ___No

   a. If the minimum technology requirements have not been met, has a waiver been granted for that unit(s)?
   ___Yes ___No

4. Have the Subpart F ground-water monitoring requirements been met?
___Yes ___No

5. Have representative samples of the sludge and supernatant from the surface impoundment been tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan and are the results in the operating record?
___Yes ___No

6. Did the hazardous waste residue (sludge or liquid) exceed the treatment standards specified in §268.41?
___Yes ___No

7. Provide the frequency of analyses conducted on treatment residues: _____
_____

8. Does the operating record adequately document the results of waste analyses performed in accordance with §268.41?
___Yes ___No

9. Have the hazardous waste residues that exceed the treatment standards (§268.41) been removed adequately and on an annual basis?
___Yes ___No
___DNA

   a. If answer to 6 is no and supernatant is determined to exceed treatment concentrations, is annual throughput greater than impoundment volume?
   ___Yes ___No

10. If residues were removed annually, were adequate precautions taken to protect liners and do records indicate that inspections of liner integrity are performed?
___Yes ___No

11. When removed, were solvent wastes managed subsequently in another surface impoundment?
___Yes ___No

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

12. When removed, were wastes treated prior to disposal?
___Yes ___No

a. If yes, are waste residues treated on or offsite
___Onsite ___Offsite

b. Identify management method _____

E. Treatment

1. Did the facility operate treatment facilities for F-solvent waste (not including surface impoundments)?
___Yes ___No

If no, go to "F."

2. Describe the treatment processes for F-solvent wastes.

3. Does the facility, in accordance with an acceptable waste analysis plan, verify that the residue extract from all treatment processes for the F-solvent wastes are less than treatment standards [§268.7(b)(2)]?
___Yes ___No

4. Describe frequency of testing of treatment residuals.

5. Was dilution used as a substitute for treatment?
___Yes ___No

6. Are certifications and results of waste analyses kept in the operating record?
___Yes ___No

7. Are notice with waste number, treatment standard, manifest number, and analytical data (where available) submitted for each shipment of waste or treatment residual that meets the treatment standard stating that waste has been treated to treatment performance standards [§268.7(b)]?
___Yes ___No

8. Are certifications submitted for each shipment [§268.7(b)(2)(i)]?
___Yes ___No

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

F. Land Disposal N.A.

Comments

1. Were F-solvent wastes placed in land disposal units (landfills, surface impoundments [for this question, do not include if in "D"] waste piles, wells, land treatment units, salt domes/beds, mines/caves-concrete vault or bunker?
___Yes ___No

2. Did facility have the notice and certification from generators/treaters in its operating record [§§268.7(c); 268.7(a),(b)]?
___Yes ___No

3. Did the facility obtain waste analysis data through testing of the waste to determine that the wastes are in compliance with the applicable treatment standards [§268.7(c)]
___Yes ___No

If yes, at what frequency? _____

4. Were F-solvent wastes exceeding the treatment standards placed in land disposal units [268.30] excluding national capacity variances [268.30(a)]? ___Yes ___No

If yes, did facility have an approved waiver based on no migration petition [268.6] or approved case-by-case capacity extension [268.5] or variance [268.44]?
___Yes ___No

5. Were F-solvent wastes subject to a national or case-by-case capacity variance/extension disposed?
___Yes ___No

a. If yes, were these wastes disposed of in a facility that has a new, replacement, or laterally expanded landfill or impoundment?
___Yes ___No

If (a) is yes, have the minimum technology requirements been met for all such units at the facility?
___Yes ___No

6. Were adequate records of disposal maintained?
___Yes ___No

7. If wastes subject to a nationwide variance, case-by-case extensions [268.5], or no migration petitions [268.6] were disposed, does facility have notices [268.7(a)(3)] and records of disposal? ___Yes ___No

8. What is the volume of F-solvent waste disposed to date by waste? _____

_____

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

9. If the facility has a case-by-case extension, can the inspector verify that the facility is making progress as described in progress reports? ___Yes ___No

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

F001-F005 SPENT SOLVENTS	CONCENTRATION (IN MG/L)	
	WASTEWATERS	OTHER WASTES
Acetone	0.05	0.59
N-butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro 1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

ATTACHMENT D

Eagle Signal Industrial Controls
Notification

August 15, 1980

2

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ IAD051001337

EAGLE SIGNAL DIVN GULF & WESTERN MFG
736 FEDERAL ST
DAVENPORT IA 52803

INSTALLATION ADDRESS ➤

736 FEDERAL ST
DAVENPORT IA 52803

EPA Form 8700-12B (4-80)

10/30/80

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.	IAD051001337
I. NAME OF INSTALLATION	~~EAGLE SIGNAL DIV~~
II. INSTALLATION MAILING ADDRESS	736 FEDERAL ST DAVENPORT, IA 52803
III. LOCATION OF INSTALLATION	736 FEDERAL ST DAVENPORT, IA 52803

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S E IAD051001337 T/A 3 C 1		800818

I. NAME OF INSTALLATION

EAGLE SIGNAL DIVN GULF & WESTERN MFG

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: C 3

CITY OR TOWN: C 4 | ST. | ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: C 5

CITY OR TOWN: C 6 | ST. | ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: C 2 TREFFTZS, LANE PLANT ENGINEER

PHONE NO. *(area code & no.)*: 319-326-8260

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: C 8 GULF & WESTERN MANUFACTURING COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON–FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: IAD051001337

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W	I	A	D	0	5	1	0	0	1	3	3	7	T/A 2	C 1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F005	F008			
7	**8**	**9**	**10**	**11**	**12**
F003	F007	F009			

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P098	U210				
37	**38**	**39**	**40**	**41**	**42**
U002	U220				
43	**44**	**45**	**46**	**47**	**48**
U154	U239				

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
William D. Huppert	W.W. Huppert, President	8/15/80

EPA Form 8700-12 (6-80) REVERSE

DETACH A

DETACH A

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F I A D 0 5 1 0 0 1 3 3 7 (T/A) (C: D)

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

IA DO 5100 1337

EAGLE SIGNAL INDUSTRIAL CONTROLS
736 FEDERAL STREET
DAVENPORT, IA 52803

736 FEDERAL STREET
DAVENPORT, IA 52803

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: EAGLE SIGNAL INDUSTRIAL CONTROLS

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 TREFFTZS LANE PLANT ENGINEER	319 326 8260

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 736 FEDERAL STREET			
B. CITY OR TOWN	**C. STATE**	**D. ZIP CODE**	
4 DAVENPORT	IA	52803	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 736 FEDERAL STREET			
B. COUNTY NAME			
SCOTT			
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE *(if known)***
6 DAVENPORT	IA	52803	---

NOV 14 1980

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3622 (specify) Industrial Control Timers and General Devices	(specify) NA

C. THIRD	D. FOURTH
(specify) NA	(specify) NA

III. OPERATOR INFORMATION

A. NAME: EAGLE SIGNAL INDUSTRIAL CONTROLS

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 319 326 8111

E. STREET OR P.O. BOX: 36 FEDERAL STREET

F. CITY OR TOWN: DAVENPORT

G. STATE: IA

H. ZIP CODE: 52803

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)	
9 N	N.A	9 P N.A
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**	
U N.A	9 7 8 1 2 6 8	(specify) Illinois EPA Special Waste Disposal Permit
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**	
R N.A	9	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of electromechanical and solid state industrial timers and controls.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Ray J. Friant, Group Vice President	Ray J. Friant	11/7/80

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A	C
F	I	A	D	0	5	1	0	0	1	3	3	7		1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	48	04	01

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	(S01)	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	(G)
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S													T/A	C
C	D	U	P											1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	S01	55	G	
2				
3				
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

II. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): WIAD051001337 T/A C 1

FOR OFFICIAL USE ONLY: W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F001	1700	P	S01	
2	U210	Tetrachloro Ethylene			Included with above
3	F003	2000	P	S01	
4	U002	Acetone			Included with above
5	U239	xylene			Included with above
6	F005				Included with above
7	U154	Methyl alcohol			Included with above
8	U220	Methyl Benzene			Included with above
9	F007	Negligible		S01	Neutralize then dispose of down drain
10	P098	Potassium Cyanide			Included with above
11	F008				Included with above
12	F009				Included with above
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAS (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	T	A	D	0	5	1	0	0	1	3	3	7	T/A	C 6
1	2											13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
41 31 31 N (65 66 / 67 68 / 69 - 71)	90 33 46 W (72 - 74 / 75 76 / 77 - 79)

VIII. FACILITY OWNER

XX A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
C Gulf and Western Manufacturing (15 16 - 55)	313-355-8000 (56 - 58 / 59 - 61 / 62 - 65)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F Post Office Box 999 (15 16 - 45)	C G Southfield (15 16 - 40)	MI (41 42)	48075 (47 - 51)

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Ray J. Friant, Group Vice President	Ray J. Friant	11/7/80

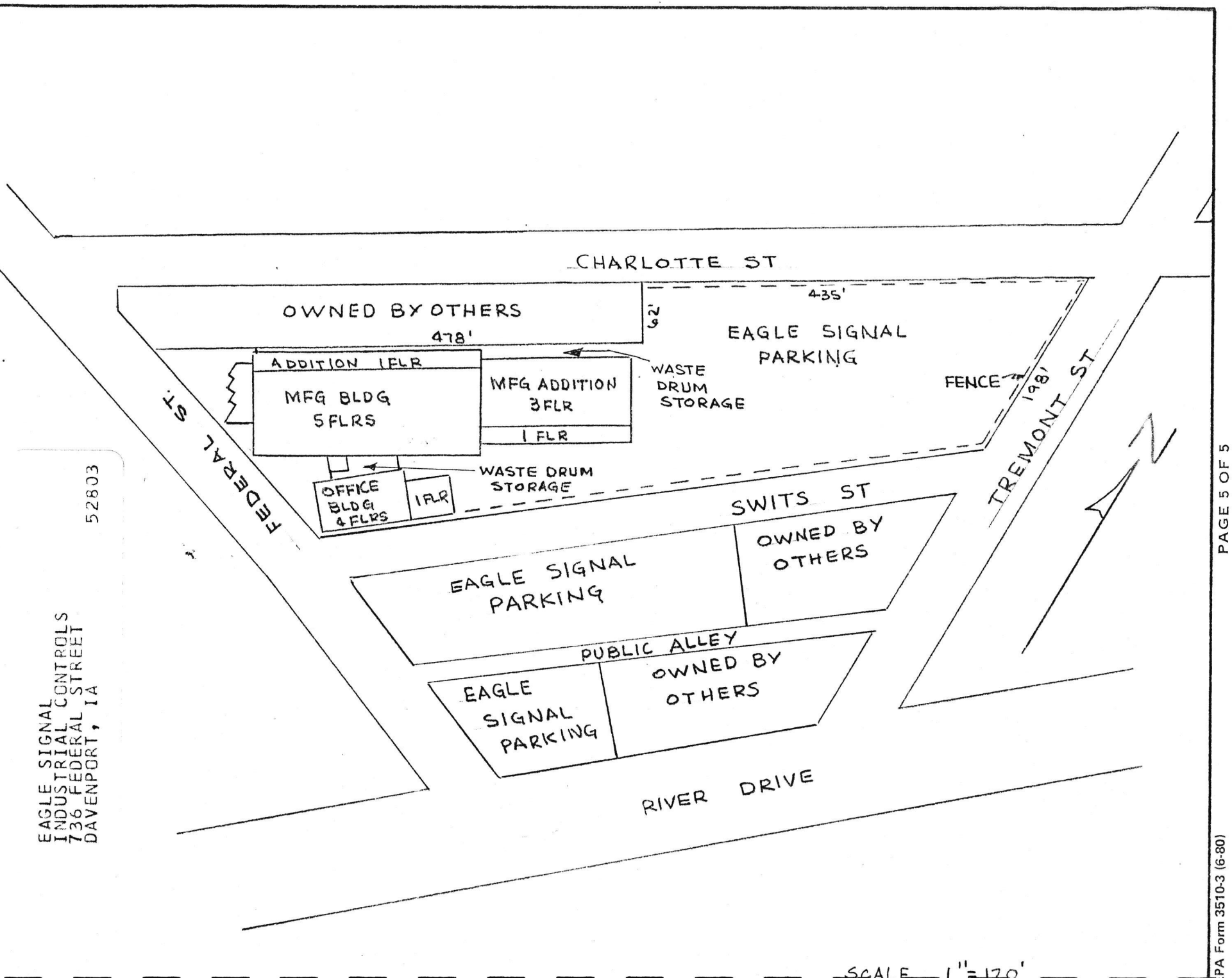
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Ray J. Friant, Group Vice President	Ray J. Friant	11/7/80

Continued from page 4.

V. FACILITY DRAWING *(see page 4)*



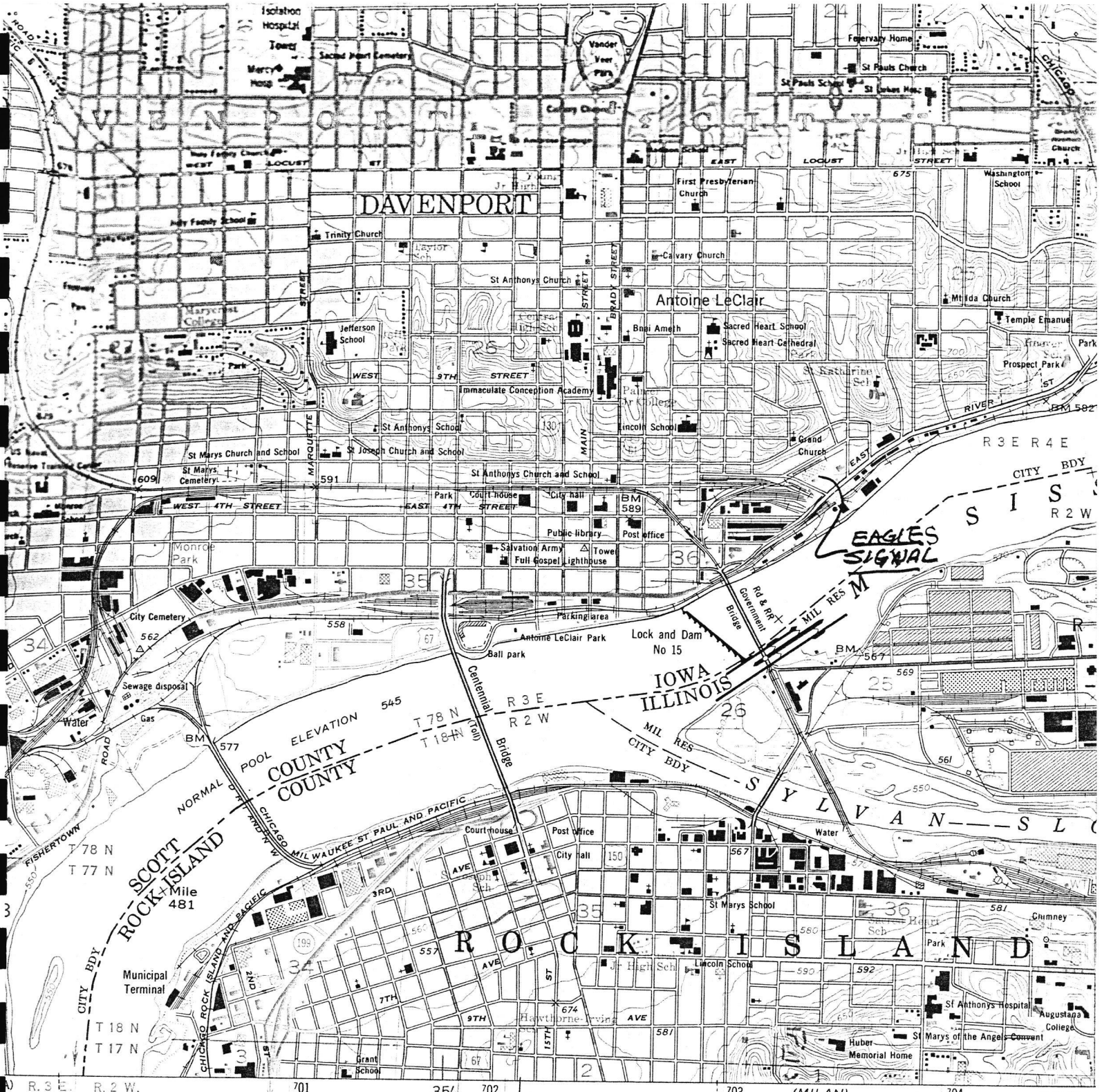
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VII
P. O. BOX 15606
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER *IAD051001337*

FACILITY ADDRESS *Eagle Signal Industrial Controls*
736 Federal Street
Davenport, IA 52803



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CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

UTM GRID AND 1975 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

1°37′ 29 MILS | 3° 53 MILS

MN GN

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGI
IOWA GEOLOGICAL SURVEY, IOWA CITY, IOWA 52240,
AND STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUES

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ATTACHMENT E

Eagle Signal Industrial Controls

Records

Recd 6-27-88 ~~140~~ 130 . 130/130

MATERIAL SAFETY DATA SHEET

To comply with OSHA Hazard Communications Standard 29 CFR 1910.1200

Date of last revision: 5/31/88

MANUFACTURER: ADVANCE PROCESS SUPPLY
ADDRESS: 400 NORTH NOBLE
CITY, STATE: CHICAGO IL 60622 6383

EMERGENCY TELEPHONE NO.
312/829-1400
DATE PRINTED: 6/09/88
REF #: 478235-0

SECTION I - IDENTITY

PRODUCT CODE: T-925
PRODUCT NAME: LACQUER WASHUP
CLASS: SOLVENT MIXTURE

HEALTH: 2
FLAMMABILITY: 3
REACTIVITY: 0
PROTECTIVE EQUIP: G

SECTION II - HAZARDOUS INGREDIENTS

Substances listed in the Ingredients Section are only those identified as being present at a concentration of 1% or greater, or 0.1% if the substance is on the list of potential carcinogens cited in OSHA Hazard Communication Standard.

Hazardous Components	ACGIH-TLV Mg/M3	ACGIH-TLV PPM	C.A.S. Reg. No.	OSHA PEL
TOLUENE (Toluol)	375	100	108-88-3	200
2-BUTANONE (Methyl ethyl ketone)	590	200	78-93-3	200
2-PROPANOL (Isopropyl alcohol)	980	400	67-63-0	500
4-HYDROXY, 4 METHYL, 2 PENTANONE (Diacetone alcohol)	240	50	123-42-2	75

SECTION III - PHYSICAL DATA

BOILING PT (Range Deg F): 133
VAPOR PRESSURE (mmHg@20C): NA
VAPOR DENSITY (AIR=1): > 1
% VOLATILE BY VOLUME: 100
SOLUBILITY IN WATER: 35%
PHOTOCHEMICALLY REACTIVE SOLVENT: 466 g/l
VOLATILE ORGANIC COMPOUNDS: 840 g/l
APPEARANCE AND ODOR: Clear liquid, mild odor

SPECIFIC GRAVITY (H2O=1): 0.840
MELTING POINT: NA est.
EVAP RATE (BUTYL ACETATE=1): Slower

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (DEG F): 16.0 FLAMMABLE LIMITS: LEL- 1.2% UEL- 12.0%
EXTINGUISHING MEDIA: Foam, alcohol foam, carbon dioxide (CO2), dry chemical.
SPECIAL FIREFIGHTING PROCEDURES: Use water fog to cool containers. Wear protective clothing. Fight fire from safe distance. Use self-contained breathing apparatus. Water or foam may cause frothing.
FIRE AND EXPLOSION HAZARD: Vapors may form explosive mixture with air. Vapor is heavier than air; vapors may travel and ignite or flashback. Dangerous when heated. Empty containers still could ignite explosively. Keep area clear of sources of ignition.

SECTION V - REACTIVITY DATA

STABILITY: Stable
CONDITIONS TO AVOID: Heat; elevated temperatures
INCOMPATIBILITY (MTL'S TO AVOID): Strong oxidizing agents, strong bases, strong mineral acids, aluminum.
HAZARDOUS DECOMPOSITION OR BYPRODUCTS: Oxides of carbon, various hydrocarbons, noxious gases.
HAZARDOUS POLYMERIZATION: Will not occur
CONDITIONS TO AVOID: NA

SECTION VI - HEALTH HAZARD DATA

ROUTE(S) OF ENTRY: INHALATION? Yes SKIN? Yes INGESTION? No
CARCINOGENICITY: NTP? No IARC MONOGRAPHS? No OSHA REGULATED? No
HEALTH HAZARDS:
Eyes: Vapors or liquid cause irritation.
Skin: Drying, defating, dermatitis. May be absorbed through the skin to cause depression of the nervous system.
Inhalation: Causes narcosis, possible unconsciousness. Long term inhalation may cause brain cell, kidney and liver damage.
Ingestion: Causes gastrointestinal irritation, nausea, vomiting, diarrhea, central nervous system depression.
SIGNS AND SYMPTOMS OF EXPOSURE:
Eyes: Burning sensation, tearing, redness.
Skin: Drying, cracking, redness, burning sensation, dermatitis, fatigue, drowsiness.
Inhalation: Headache, nausea, vomiting, dizziness, weakness, possible unconsciousness.
Ingestion: Irritation of mouth and throat, nausea, vomiting diarrhea.
MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE: NE
EMERGENCY AND FIRST AID PROCEDURES:
Eye contact: Flush with clean water for at least 15 minutes. If irritaion persists, contact physician.
Skin contact: Wash affected area with soap and water. Remove contaminated clothing.
Inhalation: Move victim to fresh air. Apply oxygen or artificial respiration if necessary.
Ingestion: Give several glasses of water. Contact a physician immediately. Do not induce vomiting.

SECTION VII - PRECAUTIONS FOR SAFE HANDLING AND USE

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: Absorb with sand and dispose of in approved manner. Remove all sources of ignition. Dike area with sand to contain spilled liquid. Wear protective clothing. Large spills -- evacuate area. Open all windows and doors. Pump into salvage tank. Keep material out of sewers, streams, etc.
WASTE DISPOSAL METHOD: Dispose of in accordance with applicable state and local regulations in a licensed TSD facility.
PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: Empty containers containing residue may cause a hazard. Wash thoroughly after handling. Do not take internally. Avoid contact with skin, eyes and clothing. Avoid breathing dust or mist. Keep away from feed and food products. For manufacturing use only. Keep containers cool, dry and away from ignition sources.
OTHER PRECAUTIONS: Check all containers for leaks. Avoid prolonged breathing or contact with skin. Attach grounding cable.

SECTION VIII - CONTROL MEASURES

RESPIRATORY PROTECTION: MSHA/NIOSH approved vapor respirator.
VENTILATION: General and/or local exhaust - exhaust to maintain exposure below TLV.

PROTECTIVE GLOVES: Gloves impervious to solvents; neoprene; nitrile rubber; natural rubber
EYE PROTECTION: Splashproof safety goggles; face shield
OTHER PROTECTIVE CLOTHING OR EQUIPMENT: Eyewash station, emergency shower, impervious clothing and boots.

SECTION IX - ADDITIONAL INFORMATION

The OSHA 8 hour time weighted average exposure maximun for Toluene is 200 ppm.
The OSHA acceptable ceiling concentration for Toluene is 300 ppm.
The OSHA acceptable maximun peak above the acceptable ceiling concentration for an 8 hour shift for Toluene is 500 ppm for 10 minutes.

NOTE: NA - NOT APPLICABLE NE - NOT ESTABLISHED
NDA - NO DATA AVAILABLE

"This MSDS is based upon information believed to be correct and accurate. However, no guarantee or warranty of any kind expressed or implied is made with respect to the data contained herein. Users must make independent determinations of suitability and completeness of information. This MSDS is provided as a supplement."

MATERIAL SAFETY DATA SHEET

SECTION I

Manufacturer's Name Address	Polychrome Corp. 137 Alexander St. Yonkers, New York 10702	Emergency Telephone No. (914) 965-8800

Chemical Name and Synonyms Not Applicable	Trade Name and Synonyms #61A Blanket Wash
Chemical Family Hydrocarbon Mixture	Formula Proprietary

SECTION II INGREDIENTS

N.J.	%	TLV
C_6 - C_{10} Paraffins Cycloparaffins and Aromatics VM&P Naphtha (CAS# 8030-30-6) Sub.# 0206	100	NE*

SECTION III PHYSICAL DATA

Boiling Point (°F.) N.A.	Specific Gravity (H_2O-1) 0.750
Vapor Pressure (mm Hg.) N.A.	Percent Volatile By Volume (%) 100
Vapor Density (Air-1) Heavier	Evaporation Rate (_____-1) N.A.
Solubility in Water Negligible	
Appearance and Odor Clear with mild odor	

SECTION IV FIRE AND EXPLOSION HAZARD DATA

Flash Point (Method used) 55°F TCC	Flammable Limits	Lel	Uel

Extinguishing Media
Use foam, CO_2 or dry chemicals

Special Fire Fighting Procedures
Use of self contained breathing apparatus

Unusual Fire and Explosion Hazards Keep work areas free of hot metal surfaces and other sources of ignition.

N.A. = Not Available

SECTION V. HEALTH HAZARD DATA

Threshold limit value

Effects of overexposure Nausea, headache, may be an eye irritant. May cause skin irritation upon repeated contact.

Emergency and first aid procedures

Do not induce vomiting. Flush eyes with large quantities of water for at least 15 min. Seek medical attention immediately. Wash skin with soap and water.

SECTION VI. REACTIVITY DATA

Stability			Condition to avoid
	Unstable		
	Stable	X	

Incompatablity (Materials to avoid) With strong oxidizing agents, acids, bases.

Hazardous Decomposition Products

Hazardous Polymerization			Conditions to avoid
	May Occur		
	Will not occur	X	

SECTION VII-SPILL OR LEAK PROCEDURES

Steps to be taken in case material is released or spilled

Contain spill with appropriate absorbant.

Waste disposal method

Dispose of absorbent in accordance with applicable local, State and Federal Regulations.

SECTION VIII-SPECIAL PROTECTION INFORMATION

Respiratory protection (Specify type) NIOSH approved cartridge respirator.

Ventilation

Local exhaust Required

Special

Mechanical (General) Required

Other

Protective Gloves Rubber gloves

Eye protection Safety glasses

Other protective equipment Impereable apron

SECTION IX - SPECIAL PRECAUTIONS

Precautions to be taken in handling and storing .

Keep product containers cool, dry and away from sources of ignition.

Other precautions

Personnel should avoid inhalation of vapors.

February 4, 1985

EXXON COMPANY, U.S.A.
A DIVISION OF EXXON CORPORATION

XYLENE 6/

Form No. OS-1A-20
8/10/79
Supersedes issue of 8/1/77

U.S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MATERIAL SAFETY DATA SHEET

DG-1P

SECTION I

MANUFACTURER'S NAME	EMERGENCY TELEPHONE NO.
EXXON COMPANY, U.S.A.	(713) 656-3424

ADDRESS (Number, Street, City, State and ZIP Code)
P. O. Box 2180 Houston, Texas 77001

CHEMICAL NAME AND SYNONYMS	TRADE NAME AND SYNONYMS
Xylene	XYLENE
CHEMICAL FAMILY	**FORMULA**
Petroleum Hydrocarbon	$C_8 H_{10}$

SECTION II HAZARDOUS INGREDIENTS

	%	TLV (UNITS)
SOLVENTS	100	100 ppm

SECTION III PHYSICAL DATA

BOILING RANGE IBP-Dry Pt. (280-284°F)	138-140°C	SPECIFIC GRAVITY (H_2O=1) 15.6°/15.6°C	0.87
VAPOR PRESSURE (mm Hg.) @ 25°C	25	PERCENT VOLATILE BY VOLUME (%)	100
VAPOR DENSITY (AIR=1)	3.7	EVAPORATION RATE (n-BUTYL ACETATE=1)	0.7
SOLUBILITY IN WATER	Negligible		

APPEARANCE AND ODOR
Water-white color. Aromatic hydrocarbon odor.

SECTION IV FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method Used)	FLAMMABLE OR EXPLOSIVE LIMITS (PERCENT BY VOLUME IN AIR)	LOWER LIMIT	UPPER LIMIT
Tag. Closed Cup 27°C (80°F)		1.0%	7.0%

EXTINGUISHING MEDIA
Foam, dry chemical, CO_2, or water fog or spray.

SPECIAL FIRE FIGHTING PROCEDURES
Use air-supplied breathing equipment for enclosed areas.
Cool exposed containers with water spray. Avoid breathing vapor or fumes.

UNUSUAL FIRE AND EXPLOSION HAZARDS
Do not mix or store with strong oxidants like liquid chlorine or concentrated oxygen.

FLAMMABLE LIQUID.

SECTION V HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE

100 ppm for 8 hour workday.

EFFECTS OF OVEREXPOSURE

Inhalation of high vapor concentrations may have results ranging from dizziness and headaches to unconsciousness. Prolonged or repeated liquid contact with the skin will dry and defat the skin, leading to irritation and dermatitis.

EMERGENCY AND FIRST AID PROCEDURES

If overcome by vapor, remove from exposure immediately; call a Physician. If breathing is irregular or stopped, start resuscitation, administer oxygen. If ingested, DO NOT induce vomiting; call a Physician. In case of skin contact, remove any contaminated clothing, and wash skin with soap and warm water. If splashed into the eyes, flush eyes with clear water for 15 minutes or until irritation subsides.

SECTION VI REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	X	

INCOMPATABILITY *(Materials to avoid)*

Strong oxidants like: liquid chlorine, concentrated oxygen, sodium or calcium hypochlorite.

HAZARDOUS DECOMPOSITION PRODUCTS

Fumes, smoke and carbon monoxide, in the case of incomplete combustion.

HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

SECTION VII SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED Remove all ignition sources. Keep people away. Recover free liquid. Add absorbent (sand, earth, sawdust, etc.) to spill area. Avoid breathing vapors. Ventilate confined spaces. Open all windows and doors. Keep petroleum products out of sewers and watercourses by diking or impounding. Advise authorities if product has entered or may enter sewers, watercourses, or extensive land areas.

WASTE DISPOSAL METHOD

Assure conformity with applicable disposal regulations. Dispose of absorbed material at an approved disposal site or facility.

SECTION VIII SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION *(Specify type)* Use hydrocarbon vapor canister or supplied-air respiratory protection in confined or enclosed spaces if needed.

VENTILATION	LOCAL EXHAUST: Face velocity > 60 fpm	SPECIAL: Use only with adequate* ventilation.
	MECHANICAL *(General)*: Use explosion-proof equipment	OTHER: No smoking or open lights.

PROTECTIVE GLOVES Use chemical-resistant gloves, if needed to avoid repeated or prolonged skin contact

EYE PROTECTION Use splash goggles or face shield when eye contact may occur.

OTHER PROTECTIVE EQUIPMENT Use chemical-resistant apron or other clothing if needed to avoid repeated or prolonged skin contact.

SECTION IX SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING & STORING

Keep containers closed when not in use. Do not handle or store near heat, sparks, flame or strong oxidants. Adequate* ventilation required.

* Adequate means equivalent to outdoors.

OTHER PRECAUTIONS Avoid breathing vapors. Avoid prolonged or repeated contact with skin. Remove contaminated clothing, launder before reuse. Remove contaminated shoes and thoroughly dry before reuse. Wash skin thoroughly with soap and water after contact.

FOR ADDITIONAL INFORMATION ON HEALTH EFFECTS CONTACT:

Director of Industrial Hygiene
(713) 656-2443

FOR OTHER PRODUCT INFORMATION CONTACT:

Manager, Marketing Technical Services
(713) 656-4929

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U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Form Approved
OMB No. 44-R1387

MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing, Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

SECTION I

MANUFACTURER'S NAME	EMERGENCY TELEPHONE NO.
AGFA-GEVAERT, INC.	(212) 340-4494

ADDRESS (Number, Street, City, State, and ZIP Code)
275 North Street, Teterboro, N. J. 07608

CHEMICAL NAME AND SYNONYMS	TRADE NAME AND SYNONYMS
---	G-182B
CHEMICAL FAMILY: Photographic Chemical	FORMULA: MCP-788(Revised)

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES	%	TLV (Units)
Sodium Hydroxide 1-5%		
Sodium Sulfite 1-5%		

SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	212°F	SPECIFIC GRAVITY (H_2O=1)	1.077
VAPOR PRESSURE (mm Hg.)	--	PERCENT, VOLATILE BY VOLUME (%)	None
VAPOR DENSITY (AIR=1)	--	EVAPORATION RATE (_____ =1)	--
SOLUBILITY IN WATER	100%	pH Around	13.50
APPEARANCE AND ODOR	Clear and colorless.		

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	None	FLAMMABLE LIMITS None	Lel	Uel
EXTINGUISHING MEDIA	None			
SPECIAL FIRE FIGHTING PROCEDURES	None			
UNUSUAL FIRE AND EXPLOSION HAZARDS	None			

(Continued on reverse side)

SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE	Unknown
EFFECTS OF OVEREXPOSURE	May cause severe skin and eye burns.

EMERGENCY AND FIRST AID PROCEDURES

Ingestion: obtain immediate medical attention. Contact with skin: flush with water. Contact with eyes: flush with water and obtain medical attention.

SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	X	

INCOMPATABILITY *(Materials to avoid)* Avoid contact with acids and metals.

HAZARDOUS DECOMPOSITION PRODUCTS

HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Flush any spillage with water.

WASTE DISPOSAL METHOD

Dilute with water.

SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION *(Specify type)* No special equipment required.

VENTILATION	LOCAL EXHAUST Good ventilation	SPECIAL
	MECHANICAL *(General)*	OTHER

PROTECTIVE GLOVES Should be worn.	EYE PROTECTION Should be worn.

OTHER PROTECTIVE EQUIPMENT Protective apron.

SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING None

OTHER PRECAUTIONS Follow all instructions on the label.

1/2 4/84

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Form Approved
OMB No. 44-R1387

MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing, Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

SECTION I

MANUFACTURER'S NAME	EMERGENCY TELEPHONE NO.
AGFA-GEVAERT, INC.	(212) 340-4494

ADDRESS (Number, Street, City, State, and ZIP Code)
275 North Street, Teterboro, N. J. 07608

CHEMICAL NAME AND SYNONYMS	TRADE NAME AND SYNONYMS
---	OS03
CHEMICAL FAMILY Photographic Chemical	FORMULA MCP-1068(Revised)

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES	%	TLV (Units)
Ammonium Thiosulfate	10-15%	
Sodium Sulfite	1-5%	

SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	212°F	SPECIFIC GRAVITY (H_2O=1)	1.071
VAPOR PRESSURE (mm Hg.)	--	PERCENT, VOLATILE BY VOLUME (%)	None
VAPOR DENSITY (AIR=1)	--	EVAPORATION RATE (_____ =1)	--
SOLUBILITY IN WATER	100%	pH	5.45

APPEARANCE AND ODOR Clear and colorless.

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	FLAMMABLE LIMITS	Lel	Uel
None	None		

EXTINGUISHING MEDIA
None

SPECIAL FIRE FIGHTING PROCEDURES
None

UNUSUAL FIRE AND EXPLOSION HAZARDS
None

(Continued on reverse side)

SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE	None
EFFECTS OF OVEREXPOSURE	None
EMERGENCY AND FIRST AID PROCEDURES	None

SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	X	

INCOMPATABILITY *(Materials to avoid)* Avoid contact with strong acids.

HAZARDOUS DECOMPOSITION PRODUCTS

HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Flush any spillage with water.

WASTE DISPOSAL METHOD

Dilute with water.

SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION *(Specify type)* No special equipment required.

VENTILATION	LOCAL EXHAUST Good ventilation	SPECIAL
	MECHANICAL *(General)*	OTHER

PROTECTIVE GLOVES None	EYE PROTECTION None

OTHER PROTECTIVE EQUIPMENT None

SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING None

OTHER PRECAUTIONS Follow all instructions on the label.

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U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Form Approved Go
OMB No. 44-R1387
Revised 6-25-81

MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing, Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

SECTION I

MANUFACTURER'S NAME	EMERGENCY TELEPHONE NO.
SAFETY-KLEEN CORP.	(312) 697-8460

ADDRESS (Number, Street, City, State, and ZIP Code)
655 BIG TIMBER ROAD, ELGIN, IL. 60120

CHEMICAL NAME AND SYNONYMS	TRADE NAME AND SYNONYMS
MINERAL SPIRITS	SAFETY-KLEEN 105 SOLVENT-MS
CHEMICAL FAMILY: PETROLEUM HYDROCARBON FRACTION	FORMULA: S-K PART #6617

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS 99.9+%	100	100*	FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES Dye	.003	100	OTHERS		
OTHERS Anti-Static Additive	1ppm				

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES	%	TLV (Units)
GENERALLY CLASSIFIED AS "RELATIVELY NON-TOXIC"	100	100*
EVEN THOUGH EXPOSURE MAY BE PROLONGED, IRRITATIONS ARE MILD OR		
MODERATE AND ARE REVERSIBLE		

*THRESHOLD LIMIT VALUES FOR CHEMICAL SUBSTANCES IN WORKROOM AIR, ADOPTED BY ACGIH IN 1975.

SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	310-400°F	SPECIFIC GRAVITY (H_2O=1)	0.775-0.797
VAPOR PRESSURE (mm Hg.)	2 mm Hg @ 68° F	PERCENT, VOLATILE BY VOLUME (%)	100%
VAPOR DENSITY (AIR=1)	4.9	EVAPORATION RATE (Toluene =1)	0.02
SOLUBILITY IN WATER	Negligible	% Aromatics (Total)	Less than 16%
APPEARANCE AND ODOR	Green Clear		

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	FLAMMABLE LIMITS	Lel	Uel
105° F TCC		0.7	6.0

EXTINGUISHING MEDIA
CO_2 FOAM, DRY CHEMICAL, WATER (MIST ONLY)

SPECIAL FIRE FIGHTING PROCEDURES
NONE

UNUSUAL FIRE AND EXPLOSION HAZARDS
NONE

(Continued on reverse side)

SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE
100 ppm

EFFECTS OF OVEREXPOSURE
SEVERE EYE IRRITATION - DRYING OF SKIN - EXCESSIVE INHALATION CAUSES HEADACHE, DIZZINESS AND NAUSEA. HARMFUL OR FATAL IF SWALLOWED.

EMERGENCY AND FIRST AID PROCEDURES
EYE CONTACT: FLUSH WITH WATER. SKIN CONTACT: WASH WITH MILD SOAP/WATER, AND APPLY SKIN CREAM. INHALATION: REMOVE TO FRESH AIR AND CALL A PHYSICIAN; APPLY ARTIFICIAL RESPIRATION IF NECESSARY IN EXTREMES. ORAL: ADMINISTER PLAIN WATER--DO NOT INDUCE VOMITING. CALL A PHYSICIAN.

SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	X	HEAT, SPARKS, OPEN FLAME AND FIRE

INCOMPATABILITY *(Materials to avoid)*
STRONG OXIDIZING AGENTS

HAZARDOUS DECOMPOSITION PRODUCTS
NORMALLY NONE--HOWEVER, INCOMPLETE BURNING MAY YIELD CARBON MONOXIDE

HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
CATCH AND COLLECT FOR RECOVERY AS SOON AS POSSIBLE. AVOID EXPOSURE TO SPARKS, FIRE OR HOT METAL SURFACES.

WASTE DISPOSAL METHOD
DISPOSE OF IN ACCORDANCE WITH COMPANY OR LOCAL, STATE OR FEDERAL REGULATIONS. INCINERATE UNDER SAFE CONDITIONS.

SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION *(Specify type)*
SELF-CONTAINED BREATHING APPARATUS FOR CONCENTRATIONS ABOVE TLV LIMITS.

VENTILATION	LOCAL EXHAUST NORMAL ROOM VENTILATION	SPECIAL -	
	MECHANICAL *(General)* -	OTHER -	

PROTECTIVE GLOVES
IN CASES OF PROLONGED CONTACT, USE PROTECTIVE GLOVES OR BARRIER CREAM.

EYE PROTECTION
YES - NORMAL PRECAUTIONS

OTHER PROTECTIVE EQUIPMENT

SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
COMBUSTIBLE. KEEP AWAY FROM HEAT, SPARKS AND OPEN FLAME. USE ADEQUATE VENTILATION. AVOID LONG AND REPEATED CONTACT WITH SKIN. IF CLOTHES ARE INADVERTENTLY SATURATED WITH SOLVENT--DO NOT SMOKE--KEEP AWAY FROM IGNITION SOURCE. KEEP OUT OF REACH OF CHILDREN.

GPO 934-418

Safety-Kleen® Corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

TRANSPORTER: DENNIS SHANNON

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
88- 24	04-12	486404

CUSTOMER / GENERATOR
5-047-01-5232-5 319-386-3024 100-1000 PP
EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803
PRICES EFFECTIVE 01/04/88

MANIFEST NUMBER: XXXXXXXXXXXX

BILL TO
5-047-01-0212
EAGLE SIGNAL CONTROLS
8004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
6-10-88	6264	XXXX			B		291.75	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	69908083	319-326-8256	NO	NO	173	001			.04

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
1	170-68730	.00	.00	.00	04			
2	174-99400	33.00	.00	33.00	04			PO EXP 11-22-88
3	174-99401	33.00	.00	33.00	04			PO EXP 11-22-88
4	174-99402	33.00	.00	33.00	04			PO EXP 11-22-88
5	303-90510	47.00	.00	47.00	04			PO EXP 11-22-88
6	303-90511	51.75	.00	51.75	04			PO EXP 08-31-87
7	303-90513	47.00	.00	47.00	04			PO EXP 11-22-88
8	303-90514	47.00	.00	47.00	04			PO EXP 11-22-88
9	340-00062	96.50	.00	96.50	08			PO EXP 11-22-88
10	530-67814	75.00	.00	75.00	12			PO EXP 11-22-88 SVC NOT Needed N/C
11								
12								
	TOTAL SERVICE SECTION			$463.25				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

GENERATOR USA EPA ID NO.: IAD051001337
GENERATOR STATE ID NO.:
16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM
		5	5

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)

Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATORS INITIALS: XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE): 388.65

TOTAL DUE:

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEYS FEES.

GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV 6/88)

Safety-Kleen Corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

DUNS NO. 05106-0408

FOR SERVICE CALL

TRANSPORTER DENNIS SHANNON

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
88- 20	04-12	170385

MANIFEST NUMBER XXXXXXXXXXXX

CUSTOMER

GENERATOR
5-047-01-5232-5 319-386-3024 100-1000 PP
EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803
PRICES EFFECTIVE 01/04/88

BILL TO
5-047-01-0212
EAGLE SIGNAL CONTROLS
8004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5-18-88	6264	XXXX			8		388.25	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	69908083	319-326-8256	NO	NO	173	001			.04

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
170-68730	.00	.00	.00	04			
174-99400	33.00	.00	33.00	04			PO EXP 11-22-88
174-99401	33.00	.00	33.00	04			PO EXP 11-22-88
174-99402	33.00	.00	33.00	04			PO EXP 11-22-88
303-90510	47.00	.00	47.00	04			PO EXP 11-22-88
303-90511	51.75	.00	51.75	04			PO EXP 08-31-87
303-90513	47.00	.00	47.00	04			PO EXP 11-22-88
303-90514	47.00	.00	47.00	04			PO EXP 11-22-88
TOTAL SERVICE SECTION			$291.75				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐

GENERATOR USA EPA ID NO. IAD051001337

GENERATOR STATE ID NO.

16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS

PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM
		4	4

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)

Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA Identification number.

GENERATOR'S INITIALS XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35 , SSPW TANKS 27 , 16 Gal. 45 , 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027592

STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:

☐ TODAYS SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 291.75

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Gary Van Eagle Signal

GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SERVICE/SALES ACKNOWLEDGEMENT

Safety-Kleen Corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

FOR SERVICE CALL

TRANSPORTER: DENNIS SHANNON 319-386-3024

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
88- 16	04-12	857507

MANIFEST NUMBER: XXXXXXXXXXXX

100-1000 PP

CUSTOMER / GENERATOR
5-047-01-5232-5
EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803
PRICES EFFECTIVE 01/04/88

BILL TO
5-047-01-0212
EAGLE SIGNAL CONTROLS
8004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
4-19-88	670	XXXX			8		366.75	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	69908083	319-326-8256	NO	NO	173	001			.04

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
1	170-68730	.00	.00	.00	04			
2	174-99400	33.00	.00	33.00	04			PO EXP 11-22-88
3	174-99401	33.00	.00	33.00	04			PO EXP 11-22-88
4	174-99402	33.00	.00	33.00	04			PO EXP 11-22-88
5	303-90510	47.00	.00	47.00	04			PO EXP 11-22-88
6	303-90511	51.75	.00	51.75	04			PO EXP 08-31-87
7	303-90513	47.00	.00	47.00	04			PO EXP 11-22-88
8	303-90514	47.00	.00	47.00	04			PO EXP 11-22-88
9	340-00062	96.50	.00	96.50	08			PO EXP 11-22-88
	TOTAL SERVICE SECTION			$388.25				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐

GENERATOR USA EPA ID NO.: IAD051001337

GENERATOR STATE ID NO.:

16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS

PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM
		5	5

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)

Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS: XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO.: IAD098027592

STATE ID NO.:

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE): 388.25

TOTAL DUE:

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700.08.12 (REV. 11/87)

Safety-Kleen Corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

FOR SERVICE CALL

TRANSPORTER

DENNIS SHANNON

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
88- 12	04-12	535959

MANIFEST NUMBER: XXXXXXXXXXXX

CUSTOMER

GENERATOR

5-047-01-5232-5 319-386-3024 100-1000 PP

EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803

PRICES EFFECTIVE 01/04/88

BILL TO

5-047-01-0212
EAGLE SIGNAL CONTROLS
6004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
3-23-88	6691	XXXX			B		388.25	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	69908083	319-326-8256	NO	NO	173	001			.04

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
1	170-68730	.00	.00	.00	04			
2	174-99400	33.00	.00	33.00	04			PO EXP 11-22-88
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8	303-90514	47.00	.00	47.00	04			PO EXP 11-22-88
9	530-67814	75.00	.00	75.00	12			PO EXP 11-22-88
	TOTAL SERVICE SECTION			$366.75				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐

GENERATOR USA EPA ID NO.: IAD051001337

GENERATOR STATE ID NO.:

16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM
		4	3

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)

Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS: XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027592

STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE): 366.75

TOTAL DUE:

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X _____
GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 11/87)

safety-kleen corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

DUNS NO. 05106-0408

FOR SERVICE CALL TRANSPORTER

DENNIS SHANNON

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
88- 8	04-12	225279

MANIFEST NUMBER: XXXXXXXXXXXX

CUSTOMER / GENERATOR

5-047-01-5232-5 319-386-3024 100-1000 PP

EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803

PRICES EFFECTIVE 01/04/88

BILL TO

5-047-01-0212
EAGLE SIGNAL CONTROLS
8004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
2-23-88	449	XXXX			B		291.75	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	69908083	319-326-8256	NO	NO	173	001			.04

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
1	170-68730	.00	.00	.00	04			
2	174-99400	33.00	.00	33.00	04			PO EXP 11-22-88
3	174-99401	33.00	.00	33.00	04			PO EXP 11-22-88
4	174-99402	33.00	.00	33.00	04			PO EXP 11-22-88
5	303-90510	47.00	.00	47.00	04			PO EXP 11-22-88
6	303-90511	51.75	.00	51.75	04			PO EXP 08-31-87
7	303-90513	47.00	.00	47.00	04			PO EXP 11-22-88
8	303-90514	47.00	.00	47.00	04			PO EXP 11-22-88
9	340-00062	96.50	.00	96.50	08			PO EXP 11-22-88
	TOTAL SERVICE SECTION			$388.25				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐

GENERATOR USA EPA ID NO.: IAD051001337

GENERATOR STATE ID NO.:

16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS

PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM
		3	45

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)

Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS: XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027592

STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:

☐ TODAYS SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 388.25

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X _____

GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SERVICE/SALES ACKNOWLEDGEMENT

CUSTOMER

FORM NO. 700-08-12 (REV. 11/87)

safety-kleen corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

DUNS NO. 05106-0408

FOR SERVICE CALL TRANSPORTER

DENNIS SHANNON

319-386-3024

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
88- 4	04-12	916292

MANIFEST NUMBER: XXXXXXXXXXXX

CUSTOMER

5-047-01-5232-5
EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803
PRICES EFFECTIVE 01/04/88

BILL TO

100-1000 PP
5-047-01-0212
EAGLE SIGNAL CONTROLS
8004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
4-25-88	6691	XXXX			8		465.21	6.71

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	69908083	319-326-8256	NO	NO	173	001			.04

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
1	170-68730	.00	.00	.00	04			
2	174-99400	33.00	.00	33.00	04			PO EXP 11-22-88
3	174-99401	33.00	.00	33.00	04			PO EXP 11-22-88
4	174-99402	33.00	.00	33.00	04			PO EXP 11-22-88
5	303-90510	47.00	.00	47.00	04			PO EXP 08-31-87
6	303-90511	51.75	.00	51.75	04			PO EXP 11-22-88
7	303-90513	47.00	.00	47.00	04			PO EXP 11-22-88
8	303-90514	47.00	.00	47.00	04			PO EXP 11-22-88
9								
	TOTAL SERVICE SECTION			291.75				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐

GENERATOR USA EPA ID NO.: IAD051001337

GENERATOR STATE ID NO.: 16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS

PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM
		4	4

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)

Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS: XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027592

STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:

☐ TODAYS SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)	291.75
TOTAL DUE	291.75

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 11/87)

safety-kleen corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

FOR SERVICE CALL

TRANSPORTER

DENNIS SHANNON

319-386-3024

100-1000 PP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87- 52	04-12	614149

MANIFEST NUMBER: XXXXXXXXXXXX

CUSTOMER / GENERATOR

5-047-01-5232-5
EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803

BILL TO

5-047-01-0212
EAGLE SIGNAL CONTROLS
8004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
12-28-87	6691	XXXX			B		293.71	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	69906734	319-326-8256	NO	NO	583	001			.04

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
1	170-68730	.00	.00	.00	04			
2	174-99400	33.00	.00	33.00	04			PO EXP 08-31-87
3	174-99401	33.00	.00	33.00	04			PO EXP 08-31-87
4	174-99402	33.00	.00	33.00	04			PO EXP 08-31-87
5	303-90510	47.00	.00	47.00	04			PO EXP 08-31-87
6	303-90511	47.00	.00	47.00	04			PO EXP 08-31-87
7	303-90513	47.00	.00	47.00	04			PO EXP 08-31-87
8	303-90514	47.00	.00	47.00	04			PO EXP 08-31-87
9	340-00062	96.50	.00	96.50	08			PO EXP 08-31-87
	TOTAL SERVICE SECTION			$383.50				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	**NO**
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐

GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	
IAD051001337		16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS

PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM
		4	5

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)

Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027592

STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO:
		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____________ AMOUNT $ ____________

INV. # ____________ AMOUNT $ ____________

INV. # ____________ AMOUNT $ ____________

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 383.50

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X [signature]

GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 11/87)

Safety-Kleen Corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

DUNS NO. 05106-0408

FED. ID NO. 39-6090019

FOR SERVICE CALL TRANSPORTER: DENNIS SHANNON 319-386-3024

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87- 48	04-12	294601

MANIFEST NUMBER: XXXXX

CUSTOMER

GENERATOR
5-047-01-5232-5
EAGLE SIGNAL CONTROLS &
WESTERN MFG CO
736 FEDERAL ST
DAVENPORT IA 52803

BILL TO
100-1000 PP
5-047-01-0212
EAGLE SIGNAL CONTROLS
8004 CAMERON RD
AUSTIN TX 78753

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
12-1-87	6691	XXXX			8	XXXXXXX	1129.00	383.50

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	MO	69906736	319-326-8256	NO	NO	583	001			.04

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
170-68730	.00	.00	.00	04			
174-99400	33.00	.00	33.00	04			PO EXP 08-31-87
174-99401	33.00	.00	33.00	04			PO EXP 08-31-87
174-99402	33.00	.00	33.00	04			PO EXP 08-31-87
303-90510	47.00	.00	47.00	04			PO EXP 08-31-87
303-90511	47.00	.00	47.00	04			PO EXP 08-31-87
303-90513	47.00	.00	47.00	04			PO EXP 08-31-87
303-90514	47.00	.00	47.00	04			PO EXP 08-31-87
TOTAL SERVICE SECTION			$287.00				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐

GENERATOR USA EPA ID NO.: IAD051001337

GENERATOR STATE ID NO.:

16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
		4	4	Waste Petroleum Naphtha Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)
				Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, TOXICITY, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS: XXXXXX XXXXXX

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO.: IAD098027592

STATE ID NO.:

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
50666	48.00	BX				
10666	117.00	BX				

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
609	69.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 287.00

TOTAL DUE 287.00

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X _____

GENERATOR/CUSTOMER SIGNATURE

SERVICE/SALES ACKNOWLEDGEMENT — CUSTOMER

FORM NO. 700-08-12 (REV. 9/87)

safety-kleen corp.

DUNS NO. 05106-0408

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

FED. ID NO. 39-6090019

FOR SERVICE CALL TRANSPORTER

DENNIS SHANNON

319-386-3024

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87- 44	04-12	985147

MANIFEST NUMBER: XXXXX

100-1000 PP

5-047-01-0212

EAGLE SIGNAL CONTROLS

8004 CAMERON RD

AUSTIN TX 78753

5-047-01-5232-5

EAGLE SIGNAL CONTROLS &

WESTERN MFG CO

736 FEDERAL ST

DAVENPORT IA 52803

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
7-3-87	6691	XXXX			8	XXXXXXX	670.50	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.Q.M.S. TAX	PRODUCT TAX
99	NO	69906734	319-326-8256	NO	NO	583	001			.04

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	(INITIAL)	REMARKS
1	170-68730	.00	.00	.00	04			
2	174-99400	33.00	.00	33.00	04			PO EXP 08-31-87
3	174-99401	33.00	.00	33.00	04			PO EXP 08-31-87
4	174-99402	33.00	.00	33.00	04			PO EXP 08-31-87
5	303-90510	47.00	.00	47.00	04			PO EXP 08-31-87
6	303-90511	47.00	.00	47.00	04			PO EXP 08-31-87
7	303-90513	47.00	.00	47.00	04			PO EXP 08-31-87
8	303-90514	47.00	.00	47.00	04			PO EXP 08-31-87
9	340-00062	96.50	.00	96.50	08			PO EXP 08-31-87
	TOTAL SERVICE SECTION			$383.50				

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☒	☐

GENERATOR USA EPA ID NO.: IAD051001337

GENERATOR STATE ID NO.:

16-410-2160

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
		4	5	Waste Petroleum Naphtha Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)
				Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, TOXICITY, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS: [signature]

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO.: IAD098027592

STATE ID NO.:

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
50666	48.00	BX				
106661	17.00	BX				

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
609	69.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:

☐ TODAYS SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT

TOTAL SERVICE AMOUNT (FROM ABOVE)	383.50
TOTAL DUE	383.50

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X [signature]

GENERATOR/CUSTOMER SIGNATURE

SERVICE/SALES ACKNOWLEDGEMENT CUSTOMER

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IAD051001337 | Manifest Document No.: 00001 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: EAGLE SIGNAL CONTROLS, 736 FEDERAL ST., DAVENPORT, IA. 52803

4. Generator's Phone: 319 328 2050

A. State Manifest Document Number: N/A

B. State Generator's ID: IAD051001337

5. Transporter 1 Company Name: WATTS DISPOSAL SYS. INC. | 6. US EPA ID Number: ILD045376100

C. State Transporter's ID: 0225

D. Transporter's Phone: 309 7883421

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: LWD INC., HWY. 1523, CALVERT CITY, KY. | 10. US EPA ID Number: KYD088438817

G. State Facility's ID: KYD088438817

H. Facility's Phone: 502 395 8313

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. FLAMMABLE LIQUID N.O.S. UN1993	X	002	DM	00110	1	D 001
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above: LWD PC# CM 73

K. Handling Codes for Wastes Listed Above: 1= GALLONS

T06/T07

15. Special Handling Instructions and Additional Information: FLAMMABLE PLACARDS

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: RICHARD W ERICKSON | Signature: Richard W Erickson | Month Day Year: 3 26 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William L. Atkins | Signature: William L. Atkins | Month Day Year: 3 26 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Steve York | Signature: Steve York | Month Day Year: 03 27 87

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD051001337 Manifest Document No. 00015
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
EAGLE SIGNAL CONTROLS
736 FEDERAL ST.
DAVENPORT, Ia. 52806

4. Generator's Phone (319) 328-2050

A. Illinois Manifest Document Number IL 1706155
B. Illinois Generator's ID 191191613010113
C. Illinois Tranporter's ID 102125
D. (309) 788-3421 Transporter's Phone

5. Transporter 1 Company Name: WATTS TRUCKING SERVICE
6. US EPA ID Number: ILD045376100

7. Transporter 2 Company Name
8. US EPA ID Number

E. Illinois Transporter's ID
F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
CHEM-CLEAR
11800 STONEY ISLAND AVE
CHICAGO, IL. 60617

10. US EPA ID Number: ILD 000628471

G. Illinois Facility's ID 031609005V
H. Facility's Phone (312) 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CHROMIC ACID SOLUTION, (D007, D002) CORROSIVE MATERIAL, UN1755	XX	02	DM	1210 ~~1330~~		EPA HW Number XXD0017 Authorization Number 000015
b.						EPA HW Number XX Authorization Number
c.						EPA HW Number XX Authorization Number
d.						EPA HW Number XX Authorization Number

J. Additional Descriptions for Materials Listed Above
Item A: Chromic Acid Sol. From PLATING operation

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
CHI # 2339

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name	Signature	Date (Month Day Year)
Mr DICK ERICKSON	Richard McEuen	07 06 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
William L. Atkins	William L. Atkins	07 06 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
16. date should be 7/6/87 I. EPA HW# D002, D007
13. 1210 gls. per driver

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
L. Mellendorf	L. Mellendorf	07 08 87

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REVERSE

GENERATOR COPY – PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

IL532-0610
LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N/A — Manifest Document No. 0005

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
EAGLE SIGNAL CONTROLS
736 Federal St
Davenport, Ia. 52804

4. Generator's Phone (319) 328-2053

A. Illinois Manifest Document Number IL 1863201

B. Illinois Generator's ID

5. Transporter 1 Company Name: WATTS TRUCKING SERVICE — 6. US EPA ID Number: N/A

C. Illinois Transporter's ID 0225

D. (309) 788-3421 Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
ESG WATTS INC
3400 7th St. West
Taylor Ridge, IL 61284

10. US EPA ID Number: N/A

G. Illinois Facility's ID IL6180000201

H. Facility's Phone (309) 798-5015

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-HAZARDOUS SWEEP PIT SLUDGE, N.O.S.	001	TT	01000	1	EPA HW Number XX N/A; Authorization Number 510364
b.					EPA HW Number XX; Authorization Number
c.					EPA HW Number XX; Authorization Number
d.					EPA HW Number XX; Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item # 14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Richard Erickson — Signature: Dean Cumming — Date

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date (Month Day Year)

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: SKIP HAHN — Signature — Date (Month Day Year): 04 15 87

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: STEVENS — Signature — Date (Month Day Year): 04 15 87

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

GENERATOR COPY — PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

R87

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

IEPA COPY - PART 5

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

IL532-0610
LPC 62 8/81

EPA Form 8700-22 (Rev. 9-86) Form Approved. OMB No. 2050-0039, Expires 9-30-88

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IAD051001337 Manifest Document No. 0100
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address: EAGLE SIGNAL CONTROLS, 736 FEDERAL ST., DAVENPORT, IA. 52803
4. Generator's Phone (319) 328-2850

A. Illinois Manifest Document Number IL 1863202
B. Illinois Generator's ID 9191630043
C. Illinois Transporter's ID 0223
D. Transporter's Phone 309 788-3444

5. Transporter 1 Company Name: WATTS TRUCKING SERVICE
6. US EPA ID Number ILD045376100
7. Transporter 2 Company Name
8. US EPA ID Number

E. Illinois Transporter's ID
F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: CHEM CLEAR, 11800 S. STONEY IS. AVE. CHICAGO, IL 60617
10. US EPA ID Number ILD000608471

G. Illinois Facility's ID 0316000051
H. Facility's Phone 312 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. "RQ" HAZARDOUS WASTE LIQUID NOS. (D007, D008, F006) ORM-E, NA9189	001	TT	03000	1	EPA HW Number XXD008; Authorization Number 000015
b.					EPA HW Number XX; Authorization Number
c.					EPA HW Number XX; Authorization Number
d.					EPA HW Number XX; Authorization Number

J. Additional Descriptions for Materials Listed Above: Item a: Plating Pit Waste

K. Handling Codes for Wastes Listed Above In Item #14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information: CHI # 4476

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR,** if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: RICHARD ERICKSON Signature: [signature] Date Month Day Year: 091687

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: SKIP HAUGH Signature: [signature] Date Month Day Year: 091687

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: L. Mellendorf Signature: [signature] Date Month Day Year: 091787

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

GENERATOR COPY — PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. 7

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY · DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 9-86)** Form Approved. OMB No. 2050-0039, Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IAD051001337	Manifest Document No. 00020	2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
EAGLE SIGNAL CONTROL
736 FEDERAL ST.
DAVENPORT, IA 52802

A. Illinois Manifest Document Number IL 1910776

B. Illinois Generator's ID 9191635513

4. Generator's Phone (319) 328-2050

5. Transporter 1 Company Name: WASTE HANDLING SERVICE

6. US EPA ID Number: ILD045376100

C. Illinois Transporter's ID 0225

D. (309 788-5427) Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
CHEM CLEAR
1800 S. STONEY ISLAND AVE
CHICAGO, IL.

10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID 0316000957

H. Facility's Phone (312) 646-6222

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ CORROSIVE WASTE LIQUID N.O.S. (DOT) CORROSIVE LIQUID, UN1760	002	DM	00110	1	EPA HW Number XXD007 Authorization Number 000015
b. RQ WASTE CORROSIVE SOLID NOS 1759 (DOT) CORROSIVE SOLID, UN1760	002	DM	00110	1	EPA HW Number XXD007 Authorization Number 000015
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number

J. Additional Descriptions for Materials Listed Above
Item a & b Chromic Acid Waste
CHI 2339

K. Handling Codes for Wastes Listed Above In Item # 14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR,** if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: Richard W Erickson — Signature — Date: Month Day Year 9 28 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schulte — Signature — Date: Month Day Year 09 28 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
11b. UN1759 NOT UN1760 11a & 14. 11/11

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name: L. Mellendorf — Signature — Date: Month Day Year 09 29 87

ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV

GENERATOR COPY — PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Please print or type (Form designed for use in elite (12-pitch) typewriter.)

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I A D 0 5 1 0 0 1 3 3 7 — Manifest Document No. 0 0 1 9

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Eagle Signal Controls
736 Federal St.
Davenport, IA 52802

4. Generator's Phone (319) 328-2050

A. State Manifest Document Number MI 0545371

B. State Generator's ID

5. Transporter 1 Company Name: Watts Trucking Service Inc.
6. US EPA ID Number: I L D 0 4 5 3 7 6 1 0 0

C. State Transporter's ID 0225

D. Transporter's Phone 309-788-3421

7. Transporter 2 Company Name: MR. FRANK INC.
8. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0

E. State Transporter's ID 0079

F. Transporter's Phone 312-596-3377

9. Designated Facility Name and Site Address
C CyanoKEM Inc.
12381 Schaefer Highway
Detroit MI. 48227
10. US EPA ID Number: M I D 0 9 8 0 1 1 9 9 2

G. State Facility's ID

H. Facility's Phone 313-933-1850

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a	XX	"RQ"Waste Corrosive Liquid N.O.S. (D006) Corrosive Liquid UN 1760 W-6121	2	DM	110	1	D006	H
b	XX	"RQ" Waste Corrosive Liquid N.O.S. (D002) Corrosive Liquid UN 1760 W-6120	5	DM	275	1	D002	H
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Item a: Cadmium Waste W- 6121
Item b: De-Rust Waste W- 6120
****(PART #E., MICHIGAN ACT #64 NO. 1043)****

K. Handling Codes for Wastes Listed Above
1 = Gallons

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name: Mr. Richard Erickson
Signature: Richard W Erickson
Date: Month Day Year 9 12 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert A Schultz
Signature: Robert A Schultz
Date: Month Day Year 09 28 88

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: THOMAS C. GRAD
Signature: Thomas C Grad
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
10238

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOHN A. O'BRIEN
Signature: John A. O'Brien
Date: Month Day Year 10 1 88

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM. IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110

ATTACHMENT F

Eagle Signal Industrial Controls

Photographs

JE JACOBS ENGINEERING

RECORD OF PHOTOGRAPHS

Film Type Kodacolor
ASA Number 400

Project Code 05-B-286-00

PHOTO NO.	DATE	TIME	FOCAL LENGTH	WEATHER CONDITIONS	LOCATION	DESCRIPTION OF PHOTOGRAPH
1	7/5/88	1315	35mm	Indoors	Eagle Signal Davenport, Iowa	Solvent washer and waste in Silk screen department.
2	7/5/88	1320	35mm	Indoors	Eagle Signal Davenport, Iowa	Example of signs made in the Silk Screen department
3	7/5/88	1325	35mm	Indoors	Eagle Signal Davenport, Iowa	Print Machine (rags)
4	7/5/88	1335	35mm	Indoors	Eagle Signal Davenport, Iowa	Safety Kleen Parts washer in Maintenance Department
5	7/5/88	1341	35mm	Indoors	Eagle Signal Davenport, Iowa	Safety Kleen Parts Washer in Screw Machine Department
6	7/5/88	1345	35mm	Indoors	Eagle Signal Davenport, Iowa	Waste Cutting Oil Storage Area.
7	7/5/88	1347	35mm	Indoors	Eagle Signal Davenport, Iowa	Safety Kleen. Parts washer in Tool Room
8	7/5/88	1350	35mm	Indoors	Eagle Signal Davenport, Iowa	Product and Waste Storage Area
9	7/5/88	1355	35mm.	Indoors	Eagle Signal Davenport, Iowa	Paint waste from the Paint Department
10	7/5/88	1357	35mm	Indoors	Eagle Signal Davenport, Iowa	Paint Skimming from Paint Booth
11	7/5/88	1400	35mm	Indoors	Eagle Signal Davenport, Iowa	Barrel Zinc Plating Operation
12	7/5/88	1410	35mm	Indoors	Eagle Signal Davenport, Iowa	Hook zinc Plating Operation
13	7/5/88	1420	35mm	Indoors	Eagle Signal Davenport, Iowa	Waste Caustic & Chrome Acid
14	7/5/88	1430	35mm	Clear, Sunny 90°F	Eagle Signal Davenport, Iowa	Old drum Storage Area
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Notes: (1) Express Time in 24 hour clock notation; (2) Focal Length is of lens used.

Signature of Photographer _____

PHOTOGRAPH # 1
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Silk screen washer and waste solvent accumulation drum.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1315

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 2
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Traffic signs made in the silk screen department.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1320

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 3
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Rags are used to wipe down the printing machines in the print shop.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1325

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No.05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 4
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Safety Kleen parts washer located in the Maintenance Department.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1335

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No.05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 5
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Safety Kleen parts washer located in the Screw Machine Department

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1341

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 6
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Storage area for waste cutting oils located in the Screw Machine Department.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1345

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 7
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Safety Kleen parts washer located in the tool room.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1347

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH #8
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Product and waste materials are stored in the paint storage room.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1350

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 9
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Waste solvent and paint collected in the paint department.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1355

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH #10
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Paint skimmings from the paint booth.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1357

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 11
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Barrel Zinc Plating Process.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1400

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 12
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Hook Zinc Plating Process.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1410

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 13
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Caustic and Chrome Acid waste located in drum storage area.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1420

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert

PHOTOGRAPH # 14
OFFICIAL PHOTOGRAPH
JACOBS ENGINEERING GROUP

Subject: Old drum storage area.

Location: Eagle Signal Industrial Controls Davenport, Iowa

Date: July 5, 1988 Time: 1430

Photographer: Edward Clement

Film: Kodacolor ASA 400

File No. 05-B-286-00

Witness: Carla A. Rellergert